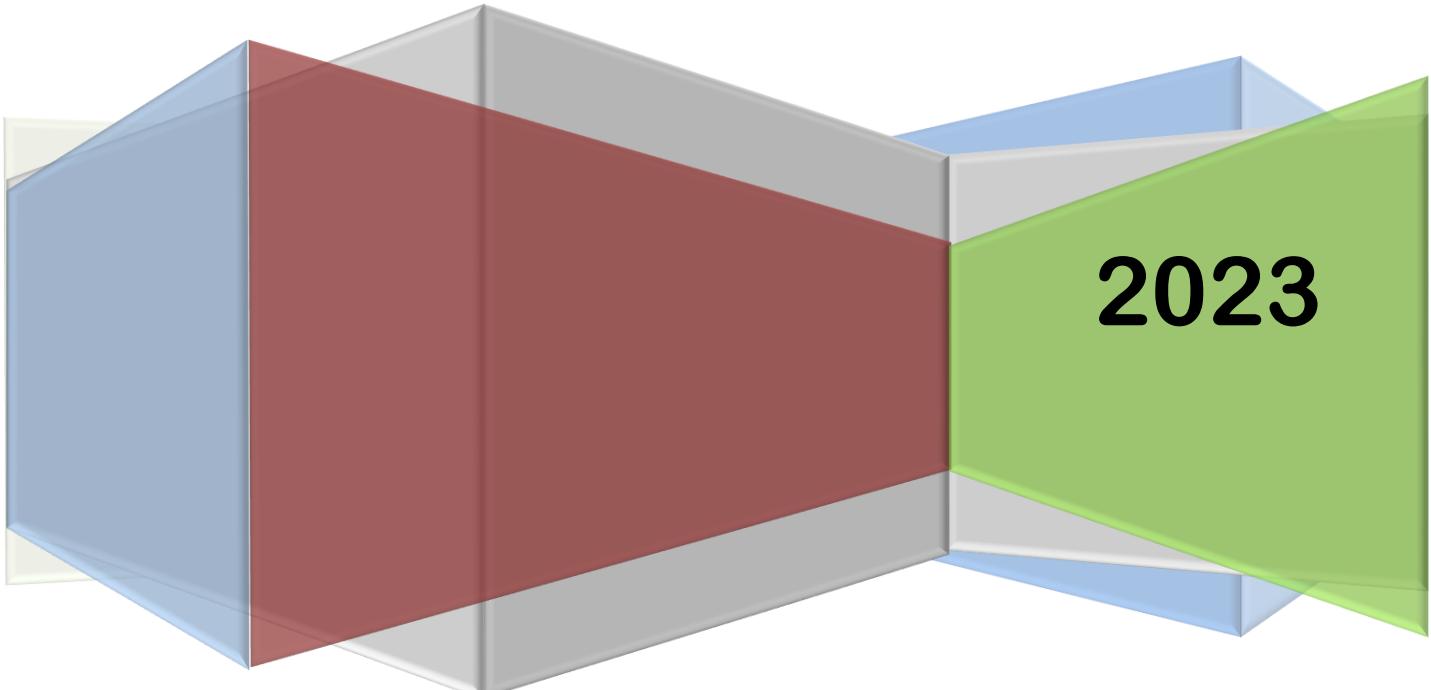


**MISSOURI**  
**DEPARTMENT OF SOCIAL SERVICES**  
**CHILDREN'S DIVISION**



**CHILD ABUSE  
PREVENTION AND  
TREATMENT ACT  
(CAPTA)  
STATE GRANT**



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**CHANGES TO STATE LAW OR REGULATIONS THAT COULD AFFECT THE  
STATE'S ELIGIBILITY FOR THE CAPTA STATE GRANT**  
**SECTION 106(b)(1)(C)(i)**

The State of Missouri continues to maintain laws in compliance with the requirements of CAPTA. There were no substantive changes in Missouri laws or regulations during the 2021 legislative session that would affect Missouri's eligibility for the CAPTA state grant.

**DESCRIBE ANY SIGNIFICANT CHANGES FROM THE STATE'S PREVIOUSLY  
APPROVED CAPTA PLAN IN HOW THE STATE PROPOSES TO USE FUNDS TO  
SUPPORT THE 14 PROGRAM AREAS IN 106(a) OF CAPTA**

No significant changes have been made to the state's previously approved CAPTA plan in how the state proposes to use funds.

**ANNUAL SUMMARY OF ACTIVITIES, TRAINING, AND SERVICES**  
**SECTION 108(e)**

The following section includes an update on recent activities, trainings, and services supported through the State's CAPTA grant, alone or in combination with other federal funds, in program areas identified in Missouri's previous state plan:

- (1) The intake, assessment, screening, and investigation of reports of child abuse or neglect.
- (2) Creating and improving the use of multidisciplinary teams and improving legal preparation and representation.
- (3) Case management, ongoing case monitoring, and delivery of services to families.
- (4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.
- (5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect.
- (6) Developing, strengthening, and facilitating training.
- (7) Improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors.
- (8) Developing and facilitating training protocols for individuals mandated to report child abuse and neglect.

- (10) Developing and delivering information to improve public education relating to the role and responsibilities of CPS, including the use of differential response.
- (12) Supporting and enhancing interagency collaboration between the child protection system and the juvenile system.
- (13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the CPS system, and agencies carrying out private community-based programs.

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(1) Intake, Assessment, Screening, and Investigation of Child Abuse or Neglect

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**Department of Social Services Initiatives**

*Missouri Practice Model*

Children's Division (CD) formed a workgroup in calendar year 2020 to examine the Missouri (MO) Practice Model. The group was made up of a diverse representation of Children's Division staff who were tasked with taking the relevant elements from the practice model and constructing a model that makes sense for Missouri and could be effectively and efficiently implemented.

The vision for the Missouri Model is take the best, most valuable aspects from the practice model and integrate into one Missouri Model that best ensures safety and well-being for children. The structure below highlights the ideals for the Missouri Model:

**Safety:**

- To use evidence-based safety and risk assessments with structured decision-making to provide an equitable, comprehensive appraisal of any safety threats and/or harm and ensuring an inclusive view of the family's protective capacities as it pertains to a child's vulnerabilities.

**Well-Being:**

- To use the Five Domains of Well-Being for a holistic view of the family through the lens of Social Connectedness, Stability, Safety, Mastery, and Meaningful Access to Relevant Resources.

**Service:**

- To respond, investigate, assess, and provide support and prevention efforts to Missouri children and their families in order to assist them in leading healthy, safe, and productive lives.

**Innovation:**

- To better serve Missouri children and families while equipping the Children's Division team for success and continuing to assess capacity to provide streamlined, efficient, and effective child welfare services.

**Integrity:**

- To respectfully and professionally engage with stakeholders while advocating for the safety, permanency, and well-being of children and families.

**Permanency:**

- To use the provided case plan and tools to attain stability and permanency for children in foster care. A comprehensive approach to stability and permanency includes engaging parents, identifying relatives, building community partnerships, and investing in resource parents all to ensure the best interest of the child is at the forefront of every decision.

The workgroup divided into program area sub-groups in order to take a closer look at components of the existing model and pull out the valuable pieces by program area to be implemented in the Missouri Model.

The Children's Division is continuing to move forward with a clear practice model anchored in values and practices that support exemplary child welfare outcomes. To continue these efforts in the Family-Centered Services (FCS) program, a FCS Missouri Model pilot took place from February 2021 to May 2021. The purpose of the pilot was to focus on prevention and providing services to families by using a consistent referral for services and assessment/social service plan tool. There were six (6) circuits that participated in the pilot with representation from across the state. When the pilot was concluded, case reviews were conducted to find trends that could be utilized for statewide implementation. The reviews indicated before statewide implementation occurs, there are improvement needs for the tools and adjustments necessary for a successful execution of the FCS Missouri Model tools.

The continued implementation of the FCS MO Model tools will be guided by the FCS workgroup by providing an ongoing advisory role and looking at the alignments or adjustments necessary for an effective statewide implementation. The FCS workgroup includes representatives from Central Office, Regional Offices, Training and Workforce Development, Quality Assurance System, and the Department's Division of Legal Services. Members of the FCS workgroup meet on a monthly basis to review draft policy and practice alerts, discuss FCS data outcomes, and provide feedback for improvements of the FCS MO Model to include policy and practice updates.

The 2018 Family First Prevention Services Act (FFPSA) blends seamlessly into FCS services occurring within CD to better serve families and children. The proposed tools through the FCS MO Model includes FFPSA eligibility and prevention efforts. Children's Division staff will make the informed decision as to a referral for FCS case opening, eligibility determination as to a candidate for foster care, and which evidence-based service provision would be the most beneficial for the family. Existing safety and risk assessment procedures will be utilized to fully assess the family and to determine the appropriate prevention service provision to alleviate the identified concerns through a FCS Family First Prevention Services Case.

### *SDM Safety and Risk Assessment*

Missouri revised statute 210.145.2(2) required the Children's Division Director and the Office of State Courts Administrator to develop a joint Safety Assessment tool by end of 2020, with implementation before January 1, 2022. Workers must complete the Safety Assessment within 72 hours for all reports of abuse and neglect, to be considered as part of the structured decision-making process. The Children's Division has partnered with Evident Change to develop a Structured Decision-Making® (SDM) Safety Assessment. A survey was sent out in January of 2021 and 378 staff completed a web-based survey regarding their own perceptions of their ability to equitably complete assessments for children and families across different races/ethnicity, socioeconomic status, and sexual orientation. Staff perceptions were valuable to identify focus areas for the new SDM® policy and practice. The new SDM Safety Assessment was implemented on December 30, 2021. Training was developed to support implementation of the new tool. Evident Change will continue to provide coaching to Children's Division staff to further assist with implementation. With this new requirement, the Risk Assessment is now to be completed prior to report conclusion. Children's Division will continue to partner with Evident Change during 2022 and 2023 to update the current Risk Assessment tool. Similar to the process for the development of the safety assessment, focus groups will be held with field staff to assist in developing a comprehensive tool. For additional information on the Safety and Risk Assessments, refer to Program Area Four of this report.

### *Temporary Alternative Placement Agreements (TAPAs)*

Temporary Alternative Placement Agreements (TAPAs) redefine diversions or safety plans that place children out of the home. The law allows the Division to create and enter into TAPAs as legally binding, voluntary, time-limited agreements with parents/legal guardians to provide a temporary, out-of-home placement for a child when the parent/guardian is temporarily unable to care for the child and the child is not otherwise in imminent danger of death, serious bodily injury or sexual abuse. TAPAs must be in writing and can last up to 90 days but may be extended if referred to the Juvenile Officer (JO). The Children's Division supervises implementation of the TAPA, and is required to report information to the JO so that the JO can determine independently whether to take action even though a TAPA may have been created. A Team Decision Making (TDM) meeting must be held within ten days of entering into a TAPA and monthly thereafter. A Family-Centered Services case must be opened with the family. A worker is required to have at least two visits per month with the child, including one in the placement home and also one visit with the parent from whom the child was diverted. There must be behaviorally specific requirements for the parents included with the TAPA. The TAPA is considered voluntary and the parent(s) may request termination of the TAPA at any time. If such time that a TAPA is requested to be terminated or has been found to be unsuccessful, the Children's Division shall make a referral to the JO if the TAPA cannot be negotiated. New regulations were promulgated in August 2021 to address TAPA and safety planning in general. Policy was released at the time the regulations went into effect. Multiple trainings were developed to assist with implementation of TAPAs.

### *Central Consult Unit (CCU)*

The Children's Division contracted with Change and Innovation Agency (C!A) in 2021 to examine internal processes in an effort to streamline and strengthen practice to free up existing resources in order to meet workload demands. Workgroups were formed for each of the four major program areas of the Children's Division: (1) Child Abuse and Neglect Hotline Unit (CANHU); (2) Child Abuse and Neglect (CA/N) (3) Family Centered Services; and (4) Alternative Care. C!A has made numerous recommendations which are in various stages of development and implementation. Work with C!A has primarily focused thus far on the development of a Central Consult Unit (CCU). The Children's Division re-positioned 25 Social Services Specialist positions to staff CCU, along with three Social Services Supervisor positions. CCU is an internal call center which is utilized by investigative staff when the children are determined to be safe according to the new SDM Safety Assessment. For many years, the Children's Division has required a 72-hour Chief Investigator consultation on all reports of child abuse/neglect. The purpose of this supervisory consultation is to ensure frontline staff respond appropriately and to provide guidance on next steps in the investigation/assessment. With the implementation of CCU, this timeframe has been extended to seven days for safe cases only. When frontline staff respond to a report of child abuse/neglect and determine the children to be safe, they may now call CCU to complete a case consultation. CCU utilizes one consistent consultation model for all safe cases statewide. If at the end of the consultation CCU agrees with the safe SDM Safety Assessment outcome, CCU will document a summary of frontline staff's contacts in FACES and will conclude the report. If CCU determines any further action needs to be taken prior to approving case closure, CCU will issue a Need More Information (NMI) and will document those items. Once frontline staff complete the NMI, they notify CCU. CCU then reviews the new information and will conclude the report at that time if appropriate. If CCU disagrees with the assessment of the worker that the child is safe, CCU staff immediately follow up with the local supervisor to alert them that more attention is needed to assure child safety. CCU provides an unprecedented opportunity for statewide consistency in practice. While the incoming volume of child abuse/neglect reports is not changing, it is anticipated that CCU will allow a significant reduction in the amount of child abuse/neglect reports assigned to frontline staff at any given moment because of the documentation/case closure aspect of CCU. This will allow more focus, particularly for the frontline supervisor, on unsafe children.

### *Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team*

The Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team was created to ensure consistent and accurate screening of all fatalities. This group consists of supervisory team members who review all CA/N and Non-CA/N fatalities that are reported each day. At least two team members are assigned to review each case. Information is gathered, documented, and reviewed to determine trends in cause of death and accuracy in call classification. This group also reviews CA/N and Non-CA/N fatalities to determine if sufficient information was provided by the reporter to appropriately classify the information. This process began due to a lack of information provided in Online System for Child Abuse and Neglect Reporting (OSCR) originated reports and referrals. CANHU has worked with the State Technical Assistance Team

(STAT) to reach out to mandated reporters responsible for reporting child fatalities, if there is a lack of information provided, with the hope that all necessary information is provided.

During review, members of the CANHU fatality review team also determine if sufficient detail was obtained and if the call was correctly classified. If it is determined that the call does not contain sufficient detail, attempts are made to contact the reporter for additional information. If the call was incorrectly coded or classified, the team member will make appropriate changes. The call number and concern is forwarded to the team member's supervisor so that a coaching conversation can occur and sufficient information is obtained during intake in the future.

Medical Examiners making a fatality report can request prior history checks from the hotline. Team members review documentation to ensure a prior history check is completed. This ensures all necessary Children's Division history is provided to the mandated reporter who may be involved in the fatality investigation. Most recently, CANHU created a bank of additional follow-up questions that can be utilized by CANHU staff when screening fatality calls.

#### *National Partnership on Child Safety (NPCS)*

In an effort to grow in identification of trends around critical events, the Missouri Children's Division has joined the National Partnership for Child Safety (NPCS). In 2018, child welfare leaders in 15 jurisdictions formed the National Partnership for Child Safety (NPCS), a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the use of safety science. The Children's Division shares the same goal of NPCS of strengthening families and promoting innovations in child protections and joined the collaborative during FY2021.

The Children's Division has entered into a data use agreement with the Michigan Public Health Institute, in order to be able to share critical event data with NPCS and also obtain data from other child protection system jurisdictions and how they are addressing critical event trends in their areas. Children's Division is also collaborating with NPCS to begin use of the Safe Systems Improvement Tool (SSIT) in capturing the complex information obtained from critical event reviews. This data is aggregated and available to review trends from a systemic perspective. The SSIT will also aide as a way of communication and data-sharing between all jurisdictions within NPCS. Missouri has begun utilizing REDCap to enter critical event review and SSIT data.

#### **Child Abuse/Neglect Review Board (CANRB)**

The Child Abuse and Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Preponderance of Evidence" finding of the Children's Division. At the conclusion of each investigation, the Children's Division notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within 60 days.

When the alleged perpetrator disagrees with the preliminary finding of child abuse or neglect by a Preponderance of Evidence (POE), he or she may appeal and has two avenues to seek an independent review of the Division's decision. The alleged perpetrator must choose one or the other avenue of review, but cannot choose both. The methods of review are:

- Direct Judicial Review: The alleged perpetrator can choose to waive his or her right to the Administrative Review process and proceed directly to Judicial Review by filing a petition in Circuit Court within 30 days of the date that he or she received notification of the preliminary POE finding. If this method is selected, the perpetrator's name goes on the Central Registry once the petition is filed; or
- Administrative Review: The alleged perpetrator may request an administrative review. To request an administrative review, the alleged perpetrator shall submit a written request for review within 60 days of the date they received notification of the preliminary POE finding.

If criminal charges remain pending during the 60-day window to request an administrative appeal—or are filed before the CANRB hearing occurs—the alleged perpetrator may choose to waive administrative review until 60 days after the resolution of the criminal charges as described below:

1. Request an administrative review within 60 days of the date they received notification of the preliminary POE finding. If the alleged perpetrator chooses to proceed, the Children's Division POE finding(s) will remain in preliminary status pending appeal and the alleged perpetrator will not be placed on the Central Registry until the Child Abuse and Neglect Review Board (CANRB) renders their decision. If the CANRB upholds the preliminary finding(s), the perpetrator's name will go on the Central Registry at that time.
2. The alleged perpetrator may waive administrative review within 60 days of receiving the CS-21 and *instead* request an administrative review within 60 days of the court's final disposition or dismissal of the criminal charges. If the alleged perpetrator chooses to wait until the resolution of their criminal charges, the Children's Division's preliminary finding(s) will become final 60 days upon receiving the Investigation Disposition Notification Letter (CS-21) and at that time the alleged perpetrator will be placed on the Central Registry unless and until the CANRB reverses the POE finding(s).

If the alleged perpetrator requests and is eligible for an administrative review, a Child Abuse and Neglect Review Board (CANRB) hearing is scheduled. The CANRB is a panel of up to nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/210000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield.

Each board conducts approximately eight to ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children's Division's findings. During the CANRB review, the board hears testimony from the Children's Division the alleged perpetrator, and any witnesses, to include the child's representative, that the Board deems relative. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the perpetrator to seek judicial review in the circuit court of residence within 60 days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

On October 30, 2021, Child Abuse and Neglect Review Process regulatory changes were implemented as a result of 13 CSR 35-31.025. The changes implemented are as follows:

- **Local Administrative Reviews**
  - Local administrative reviews are no longer required. As a result, the administrative review process is managed by the Administrative Review Team in Central Office. Circuit Managers or their designee may choose to review the CA/N report prior to the Child Abuse and Neglect Review Board hearing to determine whether the report should be upheld or reversed; however, this is optional. If new information becomes available that could potentially alter a preponderance of evidence finding, the Circuit Manager or their designee should review the CA/N report to determine whether sufficient evidence exists to continue to uphold the finding(s). If a decision is made at any point to reverse a POE finding(s) prior to the CANRB hearing, the Circuit Manager or their designee will contact the Central Office Administrative Review Team within one business day of that determination so the hearing can be cancelled.
  - The Investigation Disposition Notification Letter (CS-21) has been updated and directs alleged perpetrators to request administrative reviews via the administrative review mailbox. Nonetheless, alleged perpetrators may still request administrative reviews through the local office. All requests received in the local office must be forwarded to the central office Administrative Review Team within three business days of receipt of the request and the CANRB Hearing Referral (CD-307) must be completed.
- **Pending Criminal Charges**
  - If criminal charges that arise from the investigation remain pending when the alleged perpetrator receives the CS-21, the alleged perpetrator will have two options as described above. This change was made to better facilitate timely placement on the Central Registry when criminal charges resulted from the incident. As a result of these changes, Central Office has started reviewing all outstanding administrative reviews delayed because of pending criminal charges.
- **Electronic Notice**
  - Alleged perpetrators are able to elect to receive the CS-21 electronically, as well as future correspondence related to their administrative review request. The Description of the Investigation Process (CS-24) was revised to inform alleged perpetrators of their right to receive legal notifications electronically. Staff should ask the alleged

perpetrator their preference, electronic or mail, at the time the CS-24 is provided to the alleged perpetrator. If the alleged perpetrator requests to receive the CS-21 electronically, staff may send an encrypted email with a signed copy of the CS-21.

- Deceased Perpetrators
  - If the Children's Division learns the alleged perpetrator has died prior to the expiration of the alleged perpetrator's time to request a review or before a scheduled CANRB hearing occurs, the deceased perpetrator will not be added to the Central Registry; however, the Children's Division will retain the report in the same manner as unknown perpetrators and Family Assessments.
    - As a result, a new investigative conclusion option of 'Child Abuse/Neglect Present, Perpetrator Deceased' was created. The primary purpose of this conclusion is to stop the administrative review process when the alleged perpetrator passes away. This new conclusion type is to be utilized when:
      - An alleged perpetrator dies prior to the conclusion of an investigation and other elements to establish abuse or neglect are met; or
      - To amend a POE conclusion when an alleged perpetrator dies prior to the conclusion of the administrative review process.
- Training
  - Members of the board shall now complete a minimum of three hours of training regarding child abuse and neglect annually, as approved by the Children's Division. The Children's Division shall also notify the board of available training opportunities.

### **Child Fatality Review Panel (CFRP)**

The Missouri Department of Social Services State Technical Assistance Team (STAT) oversees the Missouri Child Fatality Review Panel (CFRP). Following the release of recommendations by the National Commission to Eliminate Child Abuse and Neglect Fatalities, the CFRP developed a subcommittee to review records of child fatalities that the local CFRP identified as child abuse or neglect. The Missouri Children's Division participates on this subcommittee as well as public and private agency partners, including law enforcement, Missouri Department of Health and Senior Services, Missouri Children's Trust Fund, Missouri Office of Child Advocate, the Missouri Office of Prosecution Services, law enforcement, medical providers, and other community providers (e.g., domestic violence, mental health).

The Child Fatality Review Panel subcommittee has reviewed case records associated with child fatalities, where the local CFRP attributed the death to child abuse or neglect. The subcommittee has reviewed all child fatality cases classified by local Child Fatality Review Panels as child abuse and neglect related deaths for 2014. Based on their review, the CFRP subcommittee developed strategies and recommendations to prevent child abuse or neglect fatalities, including:

- creating a culture of safe sleep;
- improving law enforcement's and the Children's Division's response to child deaths;
- improving the provision of resources to high risk or high need families;

- educating citizens of Missouri on how to prevent or address scenarios that increase the risk for a child death;
- increasing and improving interagency collaboration in cases with suspected child maltreatment; and
- improving mandated reporters' ability to recognize and respond to suspected child maltreatment.

This subcommittee continued to meet throughout 2020 and into 2021. The subcommittee has also completed comprehensive reviews of all child abuse and neglect related deaths for 2015. The information gathered from these reviews was used to inform additional recommendations in the most recent report published in April, 2021.

Acting on recommendations from the report issued in 2021, a multi-disciplinary group from the Department of Social Services (DSS) Children's Division, Child Fatality Review Program, Department of Health and Senior Services (DHSS), Probation and Parole, and the Missouri Office of Prosecution Services developed and deployed introductory cross trainings for the home visitors in each agency to better understand the other's roles and responsibilities to the populations they worked with. This culminated in a case study training that was developed to showcase how each home visiting agency can work with the other to protect the populations they serve.

In January 2021, the Governor of Missouri signed an Executive Order to increase collaboration between most state agency programs serving pregnant women and families with children up until kindergarten entry. This has led to the establishment of the Office of Childhood (OOC) within the Department of Elementary and Secondary Education (DESE) beginning in August 2021, providing the opportunity for home visitation programs from DESE, DHSS, and DSS to become the Home Visiting Section within the OOC.

### **Child Abuse/Neglect Hotline Unit (CANHU)**

Missouri statute charges the Children's Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Associate/Social Service Specialists, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY18 – SFY21:

Fiscal Year	Total Calls	Admin. Functions*	Remaining Calls	Classified CA/N	Classified Non-CA/N Referral	Documented Calls
2018	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)
2019	153,155	19,762	133,393	54% (72,418)	18% (23,943)	28% (37,032)
2020	142,791	17,597	125,194	51% (64,231)	23% (28,236)	26% (32,727)
2021	144,080	15,279	128,801	50% (64,817)	30% (37,806)	20% (26,178)

Source: FACES Report for FY18-FY21

\*Administrative Functions are defined as:

- Requests for prior checks from medical examiners/coroners on child fatalities
- County call-outs after hours
- Questions about CA/N
- Request for a county office number
- Request for follow-up on a report the caller made previously
- Request for another state's hotline number
- Call transfers (from one county to another)

In FY20, there was a significant decrease in total calls, due to the COVID-19 pandemic. The percentage of CA/N decreased to 51% in FY20 and 50% in FY21. Additionally, there was an increase of non-CA/N referrals sent and a decrease of Documented Calls. Two notable temporary changes in call classification were implemented during FY20, impacting this change:

- On March 27, 2020, CANHU implemented a temporary non-CA/N referral due to the COVID-19 pandemic. Calls that did not rise to the level of a report but contained concerns for children with decreased visibility in their communities, and were at significant risk of abuse or neglect due to their vulnerabilities, parent's protective capacity or extensive history with Children's Division, were classified as a non-CA/N referral. Additionally, concerns for a family not able to meet basic needs of children due to a lack of available resources, as a result of COVID-19, were classified as a non-CA/N referral. This non-CA/N referral was utilized until March 1, 2021.
- Due to changes in the 2020-2021 school year, as a result of COVID-19, CANHU also implemented a temporary non-CA/N referral to address excessive absences in various school settings. This non-CA/N referral was used through the end of the 2020-2021 school year.

Child Abuse and Neglect Call Management System Technology: In 2018, all CANHU locations moved away from an analog phone system and began utilizing Cisco Worldwide Technology. This system provided CANHU with some of the necessary tools needed to begin addressing barriers in answering all calls. One of the biggest improvements being the Cisco Finesse System. By utilizing this system, CANHU was able to expand its queuing system from one queue to three. This change provided a larger queue size that holds more people at one time. An enhanced system also allows callers to go through a series of prompts that sorts them into a specific queue, based on their answers. Queue One is designated for child reporters and emergencies. Queue Two holds permissive callers with a non-emergency situation. Queue Three is utilized by mandated reporters calling in non-emergency information. A call-back feature was added to this queue. This allows a mandated reporter to hang up and hold their place in line. When it is their turn, they are automatically called back and able to begin their report at that time. By utilizing three queues, hotline workers are able to handle calls in order of emergency or non-emergency, as self-identified by the caller. This system was a major contributor to the extreme decline in busy signals given from FY17 (6862 average per month) to FY18 (899 total).

In 2019, the Child Abuse and Neglect Hotline successfully gave zero busy signals to callers. This is due, in part, to the Cisco System. By utilizing workforce management, CANHU was able to offer alternate shifts to team members. This aided in filling in coverage gaps that have historically been difficult to fill. Schedule flexibility also aided in attempting to address retention issues. Another major factor in this accomplishment was an increase in use of the Online System for Child Abuse and Neglect Reporting (OSCR).

In FY20, a fourth queue was added for mandated reporters who are calling to report a fatality or near-fatal incident. This queue is handled by more seasoned staff, who have additional training in screening fatalities. The Child Abuse and Neglect Hotline continued to successfully give zero busy signals to callers.

In March of 2020, CANHU began looking at alternative platforms to replace Cisco technology and Teliopti/Calabrio. In October 2020, CANHU began working with Genesys Cloud to create a call center on their platform. Team members began testing the new call center in December 2020. In January of 2021, CANHU successfully changed to Genesys Cloud phone system. Genesys Cloud integrates the phone system, call management system, chat function, call recording system, collaborative review evaluation, and work force management. This system allows all programs to be accessed through a Single Sign-On feature, allowing team members to only utilize one screen for the program.

The following chart displays average hold times by Queue.

	Queue 1	Queue 2	Queue 3	Queue 4	Overall
2018	0:03:02	0:04:25	0:13:02	n/a	0:07:52
2019	0:03:48	0:05:05	0:13:03	n/a	0:07:25
2020	0:03:17	0:03:29	0:08:00	0:02:59	0:04:35
2021	0:05:26	0:07:03	0:12:32	0:03:26	0:08:18

Average call times for the past four years is as follows:

- 2018 – 0:15:17
- 2019 – 0:16:54
- 2020 – 0:16:32
- 2021 – 0:14:26

Online Reporting: Due to continued challenges to handle 800# call volume, an online reporting option called OSCR (Online System for Child Abuse/Neglect Reporting) was implemented on 11/21/16 for mandated reporters to file reports for non-emergency situations. During the initial phase, online reporting was well-received by Missouri mandated reporters as a convenient way to make timely reports. The online option took 980 calls out of the 800# queue during the six weeks of initial operation in November/December 2016. Since 2017, the Children's Division has promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups.

In 2019, mandated reporters were given the ability to begin reporting emergency situations online. Prior to this, only non-emergencies were accepted. CANHU currently has at least one team member per shift designated to handle submitted OSCRS. This ensures information is processed in a timely manner. At the end of 2019, mandated reporters were also given the option to save up to 5 incomplete online reports for 72 hours. This allows them to gather any necessary information prior to submitting. The use of online reporting increased from 13.8% in 2018 to 24.9% in 2019. In FY20, there was a decrease in OSCRs to 23%. A major contributor of this is likely the decrease in visibility of children in their communities and by mandated reporters due to the COVID-19 pandemic. In FY21, while there was only a .99% increase in call volume, there was a notable 34% increase in OSCR usage compared to FY20. The implementation of OSCR has been a timesaver to reporters and CANHU team members because online reports can be processed in half the time as phone reports. This allows hotline staff to take more calls.

Fiscal Year	Total Hotlines	OSCR Originated	Percent of OSCRs	CANHU Originated	Percent of CANHU
<b>2017</b>	145,325	16,309	11.2%	129,016	88.8%
<b>2018</b>	154,924	21,457	13.8%	133,467	86.2%
<b>2019</b>	153,155	38,191	24.9%	114,964	75.1%
<b>2020</b>	142,791	32,900	23%	109,891	77%
<b>2021</b>	144,080	49,699	35%	94,381	65%

Source: FACES Report for FY17-FY21

Staff Turnover and Retention/Recruitment: Several factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend/holiday shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children's Division field office in order to work directly with children and families. Hotline staff are dedicated to statewide CA/N intake and are not required to assume investigative responsibilities.

Over the past few years several retention/recruitment steps have been taken. From 2013-2019, temporary hourly staff with previous hotline experience were hired/retained to fill coverage gaps while newly hired staff gained experience and speed in taking calls. In 2020, CANHU began hiring hourly employees with no previous CANHU experience, allowing for a larger pool of applicants.

In 2018, a Children's Service Specialist position was introduced. This position works to collect, read and interpret data collected by the FACES and phone systems. This specialist also utilizes Work Force Management. This tool helps forecast needed staffing for peak call times. In 2019, CANHU received 2 allocations for Children's Service Worker IV's and an Assistant Unit Manager.

In August 2016, an out-basing plan was implemented, designed to forward overflow 800# calls from the centralized hotline in Jefferson City to designated field offices. For the first time since 1975, hotline staff began taking calls outside of Jefferson City. The use of out-based offices has allowed CD field staff to transfer to hotline positions at their current work location for the first time and has provided a larger pool of candidates to fill hotline vacancies. The use of Genesys Cloud helps facilitate this process by allowing hotline team members to set up in any location, as long as they have secure internet access and the ability to maintain confidentiality. At this time, there are 11 team members in Kansas City, including the Unit Manager and 1 Trainer. There are currently 6 team members in the Greene County office, including 1 supervisor. There is 1 team member based out of the Stone County office, 1 team member based out of the St. Louis office, and 1 team member based out of the Miller County office. There are 3 team members in the Boone County office. All other team members are based in Jefferson City.

In 2019, CANHU implemented a work from home option for more seasoned staff. Each team member worked two days from home processing OSCRs. In the last quarter of 2019, staff completed a telework form to work from home. During 2019, six team members worked from home with their own state-issued computer and soft phone. There were an additional six team members who acquired soft phone access. Soft phones are software-based phones and mimic a desk phone. These team members worked from home with a shared laptop.

In March 2020, CANHU transitioned to full-time work from home for approximately 90% of the team, due to the COVID-19 pandemic. CANHU successfully acquired laptops for all team members. In May of 2021, Children's Division began a hybrid pilot program that allows Children's Service Workers and members of the supervisory team to work from home, provided they meet established performance requirements. Team members who meet performance goals are required to only work in office 2 days a week.

In 2019, CANHU started a Trauma/Morale initiative to help with morale and turnover with the unit. CANHU has started Lunch and Learn sessions and recently started Decompression Groups. Lunch and Learn sessions bring team members together to talk about different topics pertaining to child welfare. This time can also be utilized to discuss new Practice Points/Alerts that have been implemented. CANHU has continued to utilize Decompression groups to give team members time to talk with coworkers about challenges in taking calls or other topics determined by the group. In FY20, CANHU implemented a team member Spotlight. Due to work from home and CANHU team members spread across the state, this is used to help staff learn about fellow team members at CANHU. In an attempt to build morale, CANHU also implemented Trivia Tuesday. The CANHU "House Cup" game was implemented to encourage and promote good work. These activities have continued to be utilized in 2021. At this time, CANHU is looking for trainings to help with secondary trauma.

**Process Improvement:** Throughout CY21, CANHU partnered with the Casey Family Programs and Evident Change to identify potential areas of process improvement. Team members from CANHU were interviewed by a Casey Family Programs team member to gather information on what was working well and any processes that can be improved. Casey Family Programs will provide a report of findings in 2022.

In CY21, CANHU worked with Change and Innovations to identify new ways to support team members. CANHU implemented a number of suggested changes, including new processes for maximizing supervisor availability and communication for team members. CANHU has also created a pilot program to alert law enforcement of Non-Caretaker Referrals in Jackson County and St Louis City. This will be implemented in 2022.

Child Abuse and Neglect Hotline Unit Oversight: CANHU team members are currently using Collaborative Call Review to assure quality. This process consists of a team members and his/her supervisor listening to a recording of a team member's call. Each person evaluates the call for quality and accuracy in call classification. Once the evaluation is complete, they come together to discuss what went well in the call, any worries and what needs to happen or ways to improve in the future.

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**(2) Creating and Improving the Use of Multidisciplinary Teams and  
Improving Legal Preparation and Representation**

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**Child Advocacy Centers (CAC)**

A significant portion of CAPTA grant funding was used in combination with Children's Justice Act funds to support Missouri's Child Advocacy Centers (CAC) which improve the processes by which Missouri responds to cases of child abuse and neglect, particularly child sexual abuse or exploitation. Child assessment centers (established in RS Mo. Section 210.001), more commonly referred to in the field as child advocacy centers (CACs), are safe and child-focused places that provide forensic, medical, therapeutic, and case management services as part of a multi-disciplinary response to child abuse allegations. Forensic interviews, a professional service provided by CACs, promote case integrity by eliciting information about a child's experience in a developmentally-appropriate, emotionally-supportive, and non-leading manner. Throughout the investigation, and in some cases beyond, CAC victim advocacy services help families navigate the legal response to child abuse allegations, and to access critical resources that help families heal from, and prevent subsequent abuse. In addition to its direct services, CACs help coordinate the efforts of the professionals responsible for the various aspects of a child maltreatment case, known as the multi-disciplinary team (MDT), by providing a space for the MDT to share case information and considerations for the child's best interest. The MDT typically consists of law enforcement, prosecutors, Children's Division investigators, and CAC staff, and may also include mental health, medical, and other professionals invested in child well-being. The MDT model, facilitated by the CAC, further benefits the child and case by minimizing the number of times that a child must recount their experience, thus mitigating additional trauma to the child and duplication of efforts.

In 2021, Missouri CACs provided services to more than 40% of children involved in a child maltreatment investigation, for a total of over 8,800 children served.

There are 15 regional child advocacy centers in Missouri that provide services to all 114 counties, and St. Louis City, through 25 unique sites. The primary, regional centers are located

in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Poplar Bluff, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are located in Union, Farmington, Doniphan, West Plains, Nevada, Pierce City, Butler, St. Robert, and Hannibal.

All 15 regional CACs in Missouri are accredited by the National Children's Alliance. To obtain accreditation, CACs must demonstrate compliance with ten standards governing the quality of a CAC's environment, services, and operations. These standards address forensic interviewing, victim advocacy, a child-focused environment, multi-disciplinary team functioning, case review, mental health services, medical-forensic exams, case tracking, organizational capacity, and cultural responsiveness. To maintain accreditation, CACs must demonstrate compliance with these standards every five years.

Missouri KidsFirst is the Missouri chapter of the National Children's Alliance and the statewide coalition of child advocacy centers. As such, Missouri KidsFirst provides various types of services to Missouri CACs, including public policy advocacy, direct service training, administrative support, technical assistance, and coordination of statewide efforts. The directors of Missouri's 15 regional CACs serve as an advisory board to Missouri KidsFirst and meet regularly with the chapter to discuss CAC needs, practices, and field trends/dynamics. In addition to its services for child advocacy centers, Missouri KidsFirst leads Missouri's Task Force on the Prevention of Sexual Abuse of Children, serves as the statewide coordinator of the SAFE-CARE Network (the state's network of medical providers trained in the response to child abuse), serves as the Missouri chapter of Prevent Child Abuse America, and coordinates the state network of training facilitators for the evidence-supported child sexual abuse prevention training for adults, Stewards of Children.

### **Increase Judicial Engagement**

The Children's Division recognizes that child welfare is a multi-disciplinary practice through which the best outcomes are achieved when Children's Division effectively collaborates with court partners. To that end, the Children's Division continues to collaborate with the Office of the State Courts Administrator (OSCA) through the Partnership for Child Safety and Wellbeing (PCSW).

Over the last year, the statewide PCSW has continued to convene on a monthly basis in a virtual format due to the COVID-19 pandemic, though some meetings have been able to be in person as restrictions are lifted. Much of the work of the PCSW has focused on maintaining system collaboration in these unique and challenging times.

The priorities of the group had to shift over the last two years due to the inability to have circuits meet together in an in-person format. There is still conversation and planning around holding another round of regional convenings to include a greater number of participants from each site when it is safe to do so. There continues to be ongoing support for court technical assistance (TA) with the Court Engagement Manager meeting with circuits and providing support and training as needed.

#### IV-E Legal Representation Pilot

A great deal of work has been done by the sub-group working on addressing legal representation for parents and children through Title IV-E funding. It was decided a pilot project would be implemented for interested jurisdictions around this process.

Counties are currently responsible for providing representation to parents who are deemed to be financially in need (using eligibility guidelines) and who request appointment of counsel by the court. Children entering the foster care system are required to have a guardian-ad-litem appointed by the court per statute. Each county has a different process of representation. Some counties contract with local attorneys to provide the representation, some counties utilize pro bono services, and some counties do not provide resources to parents (or provide limited representation) due to county budget constraints. Prior to 2019, the Children's Bureau (ACF) did not interpret IV-E administrative costs as including reimbursement for parent and child legal representation. In 2019, the decision was made to all states to draw down IV-E dollars for legal representation. Because CD is the IV-E administrative agent for the state, CD made the determination that the agency would simply contract with the county entity to pass through the IV-E eligible dollars to the county.

All counties may contract with DSS to obtain the additional IV-E dollars. However, this is not a reimbursement. The purpose of the Children's Bureau's reevaluation of the definition of allowable IV-E administrative activities was to expand legal representation to parents and children. The county must be willing to expend the dollars they are already expending on legal fees and then increase the amount of dollars spent on legal fees by the amount they would be entitled to receive based on their IV-E eligible population.

Two circuits, the 13<sup>th</sup> Circuit (Boone County and Callaway counties) and the 37<sup>th</sup> Circuit (Shannon, Oregon, Ripley and Howell counties) are participating in the pilot. Because of the limited spending authority initially available, it was determined that CD would not have enough spending authority to open up the opportunity to all counties. For example – Greene County alone spends over \$1M dollars in legal representation. Based on their IV-E eligible population, Greene County was eligible to draw down approximately \$300,000. That was over half of the spending authority available to CD. Therefore, a pilot was proposed to those circuits that had already reached out expressing interest in expanding their legal representation. A significant amount of time and work went into creating a process, determining how to pass through funds and educating the circuits as to the ability to draw down the IV-E dollars. An invitation was sent to five circuits, requesting proposals. Two circuits responded. Children's Division began working on the contract, but by the time the contract was finalized, the circuits decided to wait for a variety of reasons. Again, because this was not a reimbursement, they also had to go to their county commissions and request additional spending authority.

#### Leadership Conference

On November 7-8, 2019, the PCSW hosted a leadership conference for all Juvenile Officers and Circuit Managers from each of the 46 circuits. The conference, titled "Leading Together", provided an opportunity for the Juvenile Officer and Circuit Manager from each circuit to come together in order to collaborate around child welfare concerns. Juvenile Officers and Circuit

Managers participated in leadership training, best practice discussions, and identification of goals moving forward. Each team was given data for its circuit, and was asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to discuss strategies for improvement.

Again, there is hope that these groups will be able to come together in the next year in a conference setting to continue the encouragement of local collaboration.

#### Juvenile Court Judges/Commissioners Educational Conference

On April 17, 2020, the PCSW was scheduled to host juvenile court judges and commissioners to provide training specific to several areas of concerns. The training was to include education with regard to the American Bar Association's Judge's Guide to Safety and Framework for Safety, crossover youth initiatives, Family First initiatives, and legislative updates. This training was postponed due the national pandemic outbreak of COVID-19. A judicial conference was held in November 2021 which included some of these topics.

#### Regional Court Convenings

A series of regional convenings were held in the fall of 2018. The teams consisted of the Judge, Juvenile Officer, Guardian Ad-Litem (GAL), Children's Division staff, and contracted Foster Care Case Managers. At each court convening, participants were provided a binder/ toolkit which included information about roles and responsibilities, and information about the Family First Act. The convenings introduced the expectation that each circuit would begin or renew multi-disciplinary court partnership efforts.

It was hoped that a second series of regional convenings would be held in the summer of 2020 but these had to be cancelled due to the COVID-19 pandemic and the belief from the group that this work is best completed when it is safe to meet in person. The convenings will include additional participation from local stakeholders, to include up to ten (10) members of the multi-disciplinary team and are in the process of being rescheduled for 2022.

#### Court Technical Assistance (TA) Teams

Staff from the Children's Division and OSCA continue to provide support and regular data dissemination as a basis for each monthly discussion held between the Juvenile Officer and Circuit Manager. The Children's Division's data team continues producing quarterly reports for all 46 circuits, to be used as conversation starters, at court partnership meetings. Multiple trainings have been held within the circuits as requested. Several circuits have partnered to obtain training specific to legally sufficient referrals to the Juvenile Officer by the Children's Division when a request is made to remove a child from the home. Technical assistance has also been provided to assist circuits in electronic filing of documents by the Children's Division.

The Court Engagement Manager began work in March 2020 supporting technical assistance (TA) work around the state. The Court Engagement Manager has also assisted in the utilization of Division of Legal Services and Permanency Attorneys to help work towards permanency goals. The Court Engagement Manager continues to provide TA to individual circuits on a case-by-case basis providing support, training or linking with resources as appropriate.

### Jurist-in-Residence (JIR) Work

Children's Division has worked closely with OSCA and Casey Family Programs to assist with the Jurist-in-Residence program. The Jurist-in-Residence program pairs a retired judge with current members of the juvenile bench for mentoring and problem-solving support. Just as a youth in foster care often take advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently contact other judges for guidance about best practices and decision-making. In 2021 the previous JIR retired from that post and OSCA stated this program would be reevaluated and information shared when available. Children's Division has no updates on this at this time.

### Judicial Engagement Team (JET)

Collaboration between courts and child welfare agencies, along with other community stakeholders, has long been recognized as a requirement for the protection and well-being of children. The Children's Division has worked closely with Casey Family Programs Judicial Engagement Teams in Kansas City and Springfield, Missouri. JET is a tenured and highly experienced team that assists courts in using data to inform what needs to be done to achieve the best outcomes for children. These groups have addressed concerns such as Termination of Parental Rights, case backlogs, and reducing the number of youth placed in congregate care settings. JET launched in the St. Louis area but it is has been difficult for that group to meet virtually during the pandemic. There has been a change judicial leadership in St. Louis and with the lifting of pandemic restrictions, it is hoped that this work will resume to support the St. Louis court and Children's Division teams.

### Staff Competency in Court

The Children's Division's Legal Aspects Trainers have created and completed a Legal Aspects 360 that all circuit managers participated in during January 2021 to refresh their knowledge of legal aspects in both investigations and alternative care. A contract attorney was obtained by the Children's Division in the summer of 2021 to assist in courtroom coaching in specific areas of the state and to assist the Legal Aspects trainers in developing courtroom skills training. The Legal Aspects trainers will collaborate with the local jurisdiction attorneys, permanency attorneys, and court personnel along with Children's Division staff.

### Other Activities

Children's Division's Data Team continues to produce quarterly data reports for all 46 circuits (to be used as a conversation starter at court partnership meetings). The information provided to circuits includes; number of children in alternative care, number of children in relative placement, the number of children exiting care, the number of children entering care, the number of children re-entering care and the number of children reaching permanency within a specific timeframe.

### Multi-Disciplinary Team Training

The Missouri Office of Prosecution Services (MOPS) received The Task Force on Children's Justice funding for a Multi-Disciplinary Team (MDT) Train the Trainer event to improve the work

of multidisciplinary teams in the state by developing a group of individuals who could provide local training and assistance to these teams. The session, which had been originally intended for April 2020, was held in September 15-16, 2021, in Jefferson City, Missouri.

The MDT curriculum is based on an MDT Module which was created and developed by the MDT Workgroup, a committee of the Task Force on the Prevention of Child Sexual Abuse. The module is comprised of approximately 170 power point slides which represent key components from every core MDT agency to help inform and increase participation in MDT case reviews and case investigations. The MDT Module training was offered 10 times to various multidisciplinary teams in Missouri from October 2018-November 2019. The training is comprised of 6 hours of lecture and 2 hours of group work. The Train the Trainer curriculum focused on ensuring that trainers understand the content of the MDT Module and teaching facilitation skills for the group work component of the MDT curriculum. As a condition of accepting a scholarship to this training, trainees committed to providing at least two MDT trainings with a total of at least 30 participants within 18 months of the Train the Trainer event. Given the ongoing global pandemic, participants were authorized to conduct these trainings virtually, and in segments. The training is set up for group work and to enhance communication within the group. Different topics include:

- Completion of the MDT Assessment Tool
- The Child Advocacy Center Model
- Statutory Compliance
- Case Processing (This is a popular group activity that highlights strengths and weaknesses and how to mitigate weaknesses)
- Identification of Abuse and Neglect (It was found that some LE agencies had very little experience with investigating abuse and neglect. (The team will examine different agencies' definitions and burdens of proof, as well as their goals and objectives.)
- Cursory Statements and Referrals to CACs
- Dynamics of Coercive Control
- MDT Protocol and Functioning as a Team (Group work. Uses case scenarios to create ideas for functioning as a MDT. Participants discuss pros and cons of removing children from their home)
- How to Conduct Case Reviews and ways to improve.

The Train the Trainer event included a mixture of lectures and small group activities over a 1.5 day period, including a total of 10.5 hours of coursework. The former Child Abuse Resource Prosecutor, Erin Lueker, provided her guidance and expertise on how the curriculum was developed by the MDT Working Group, how she had taught the course over the 10 previous presentations during her tenure as the Child Abuse Resource Prosecutor, and what she had learned during her experiences. Wentzville Child Advocacy Center Supervisor of Forensic Services, Amy Robins, assisted Ms. Lueker in her instruction of the slides. MOPS Special Victims Resource Prosecutor, Catherine Vannier, provided an additional session to offer

participants practical suggestions for planning their own trainings, how to obtain certifications and how to achieve the most successful learning environment.

Despite extensive recruitment efforts by members of the MDT Working Group, as well as additional persons enlisted from CACs and prosecuting attorneys' offices, attendance was limited at this event, due to several factors. The ongoing pandemic, including an untimely rise in COVID cases due to the Delta variant, as well as staffing shortages at the Children's Division, Child Advocacy Centers and Prosecuting Attorneys' Offices, resulted in a smaller event than originally envisioned.

With three faculty members and a total of 20 attendees, as well as two additional persons auditing the course (from the Children's Division and Missouri KidsFirst respectively), the Train the Trainer event was smaller than originally planned, but still successful in enhancing the MDT training scope and availability across the state. This Train the Trainer engaged a geographically diverse multi-disciplinary group of experienced professionals who are now committed to offering this standardized training over a much larger area and audience group than ever before accomplished. This event will have ripple effects across the state of Missouri to increase the quality and coordination of the investigation and prosecution of child abuse cases for years to come.

A follow-up meeting was held February 1, 2022 via Zoom to get updates from the various teams and their trainings. Meg Boyko from Missouri KidsFirst presented information obtained from a training held in December 2021. Overall, the impact of the training was well received and the trainees felt it was very helpful in learning roles and improving their own skills and knowledge of MDTs. Each of the attendees of the Train the Trainer session gave updates on trainings they have completed and upcoming trainings they are planning. Ms. Boyko also gave an overview on updates to the training material and tips on improvements to assist trainers in future sessions.

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### **(3) Case Management, Ongoing Case Monitoring, and Delivery of Services to Families**

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#### **Family-Centered Services (FCS) Ongoing Trainings**

The state CAPTA grant will continue to support the Training, Consultation, & Family Meeting Activity Services contract available to Children's Division staff for technical assistance. This contract is accessible on an as-needed basis and provides services reflective of the Family-Centered Practice Model for in-home and out-of-home child welfare services.

Consultation services offered under this contract may include face-to-face consultation, facilitation, technical assistance, mentoring, modeling, and coaching to staff regarding specific families and/or general family practice, either in individual or group session formats.

The contract allows consultants to assist in the Family Support Team Meeting process with the purpose of enhancing the skills of the staff conducting/facilitating family meetings. This may include intact families, families with children at imminent risk of out-of-home placement, and families with children in out-of-home care.

### **Child Abuse and Neglect (CA/N) Prevention Home Visiting**

As noted above, in response to an executive order signed on January 28, 2021 by Governor Mike Parson, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This re-alignment of programs within one state agency would allow for greater opportunity for improved coordination of services, resulting in early childhood work across state government to become more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

The CA/N Prevention Home Visiting program is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home supports for at-risk families. The program implements evidence-based models that are designed to prevent child abuse and neglect through their established curriculums and supports. Providers awarded contracts to provide services through this funding currently utilize one of two evidence-based models focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. These are the Child Welfare Adapted Healthy Families America model and the Nurturing Parenting model (evidence-based through the Substance Abuse and Mental Health Services Administration, SAMHSA). Seventy percent of the families enrolled in the program must be referred by and/or have been identified through consultations with Children's Division (CD). This can include families that come to the attention of CD by means of a Newborn Crisis Assessment, Investigation or Family Assessment, in addition to ongoing Family-Centered Services intact cases and Alternative Care cases with an active plan for reunification.

Although families may be referred by CD, enrollment in the program is voluntary to families whose total income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of 3 years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. Enrolled families are also provided the ability to access hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various participation incentives to encourage continued engagement in the program. As the enrolled child(ren) age out of the program, they are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

As of August 1, 2021, the CA/N Prevention Home Visiting program services expanded to every county in the State of Missouri, divided into 14 regions. Through this expansion, Parent Cafes will also be offered to enrolled families by every contracted provider on a monthly basis. In SFY21, there were 1,409 unduplicated families and 1,646 unduplicated children served. This

number is a decrease from reporting in previous years due to the transition of contracts. In SFY22, the program is projected to serve 2,500 unduplicated families and 3,700 unduplicated children age birth to three years old.

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(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response

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### **Structured Decision-Making (SDM) Safety Assessment**

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention. The SDM Safety Assessment is required for all Investigations, Assessments, Newborn Crisis Assessments, and Out-of-Home Investigations (OHI) reports. The SDM Safety Assessment will not be required for Non-caretaker Referrals, Preventative Service Referrals, and for now, Juvenile Assessments. A system's change has been requested to include Juvenile Assessments. The SDM Safety Assessment is required to be completed on all victim and non-victim children within 72 hours.

The SDM Safety Assessment defines the following:

- Caregiver: An adult, parent, or guardian in the household who provides care and supervision for the child.
- Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.
- Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household (boyfriend or girlfriend) but may not physically live in the home or a relative where the legal parent allows the relative authority in parenting and child caregiving decisions.

#### **Types of SDM Safety Assessments**

- Initial—Every Investigation, Assessment, Newborn Crisis Assessment or OHI report should have at least one initial safety assessment, completed during the first face-to-face contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments.
- Review/update - A reassessment of any additional as well as any secondary households. The frequency of safety reassessments is described in Section 1, Ch. 5.4.2 of the Child Welfare Manual. There may be review/update safety assessment completed if the safety of all children was not verified during the initial assessment.
- Closing - When the initial safety assessment was determined to be "Unsafe" or "Safe with Plan", a review/update safety assessment must be completed prior to closing as a case should not be closed if safety threats are still present in a household.

## SDM Safety Assessment Decision Outcomes

1. Safe—No safety threats were identified and there are no children likely to be in imminent danger of serious harm and no safety intervention is needed.
2. Safe with Plan - One or more safety threats are present but based on an assessment of protective capacities, an Immediate Safety Intervention Plan and/or Temporary Alternative Placement Agreement (TAPA) can be used to control the threat.
3. Unsafe—One or more safety threats are present. An Immediate Safety Intervention Plan or TAPA were considered, but would have been insufficient to control the threat(s). Protective custody must be requested. Staff will submit a copy of the “Unsafe” SDM Safety Assessment with the Juvenile Office Referral (CD-235).

## Completing the SDM Safety Assessment

For a new Child Abuse/Neglect Report, the SDM Safety Assessment is completed following the initial face-to-face contact with all child victim(s). The Safety Assessment should be entered into the FACES case management system within 72 hours of the report date.

Staff should attempt to see all children (victim and non-victim) per policy timeframes as well as interview the parents within 72 hours of the report being alerted. If all victim and non-victim children are not present upon initial contact and verification of safety, staff must complete a review/update safety assessment when the other children have been seen and verification of safety has been completed.

The SDM Safety Assessment is completed on households. If a child's parents do not live together, the child may be considered a member of two (2) households. If the alleged perpetrator is not a member of the child's household, but there is a failure to protect allegation of the child's caregiver, complete a safety assessment for the child's caregiver's household.

Workers should always be on the alert to changes in the family, new dynamics, the interaction of multiple threats of danger and other “red flags” that indicate that the threat to the safety of a child is no longer manageable. If such safety threats occur, a new SDM Safety Assessment should be completed.

## **Structured Decision-Making (SDM) Family Risk Assessment (CD-14e)**

The purpose of the Family Risk Assessment is for the worker and supervisor to gain a better understanding of the demographics and history of the family to assist in informing the worker of potential risks and areas that might warrant further services. Some questions are clearly objective, while others appear subjective and will warrant further discussion between the worker and supervisor to determine what best fits the situation of the family. The investigator will complete the Family Risk Assessment in FACES prior to the closing of the case. The Family Risk Assessment should assist the supervisor and investigator in the collection and analysis of

information to determine what key factors are present that increase the likelihood of future abuse or neglect to a child.

The Family Risk Assessment identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will abuse or neglect their children in the next 18 to 24 months. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents.

Things to consider when discussing and completing the Family Risk Assessment tool in relation to the current report:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family? Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

The Family Risk Assessment tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children. The Family Risk Assessment Tool (CD14-E) must be completed in FACES as part of the case record. The score calculated from completing the Family Risk Assessment Tool should assist in determining risk to the child and not solely used in decision making on whether to open a case.

### **Differential Response**

Missouri has a two track system when classifying child abuse and neglect reports.

An Assessment track will provide for a prompt assessment of a child who has been reported to the Division as a victim of abuse or neglect and such children's families. The approach evaluates risk of abuse and neglect and, if appropriate, provides community based services to reduce risk and support families.

An Investigation track is the collection of physical and verbal evidence to determine if a child has been abused or neglected. Law Enforcement is required to be notified.

Differential Response Assessments are Family Assessments that have been determined by the family, worker, and supervisor as needing more intensive work with the family. These are traditionally the assessments that go beyond the 45-day completion requirement. The purpose of determining an assessment a Differential Response Assessment is to provide the family with the needed resources, support, and services to further promote safety and well-being within the family unit during the assessment period.

Requirements to identify assessments as Differential Response Assessments include:

- Differential Response Assessments will require consultation between the worker and a supervisor that the family is in need of services that will continue past the 45-day completion requirement. These consultations shall be prior to the 45-day completion requirement. Conversations should include what services the family is in need of, how Children's Division can support, and resources that can be provided. Supervisor consults should be more frequent in a Differential Response Assessment to continually assess the family throughout the report period. All supervisor consults shall be documented in FACES.
- The decision to identify the assessment as a Differential Response Assessment shall be documented in FACES in the worker and supervisory consultation. The supervisor consults between the worker, and the supervisor that an assessment is going to be track changed to a Differential Response Assessment shall occur and be documented in FACES by the 45<sup>th</sup> day.
- Supervisory level or higher shall go to the Priority Response/Track Assignment Override screen in FACES and track change the report from "Assessment" to "Differential Response." This shall be completed no later than the 45<sup>th</sup> day.
- If throughout the Differential Response Assessment process the allegations have been determined to be more severe, the report may be track changed to an investigation. Supervisory level or higher may go to the Priority Response/Track Assignment Override screen in FACES and track change the report from "Differential Response" to "Investigation."

#### Worker Expectations:

Workers are expected to thoroughly document the ongoing assessment of the family, safety, risk, services provided, and case consultations in FACES. Workers may use a running narrative to complete assessment. Supervisor discretion is used to determine the number of home visits and collateral contacts that are needed for each Differential Response Assessment. The number should be based on the needs of the family. This may be one home visit per week or weekly contact with the family through in-person, phone, collateral, or other types of contacts. Collateral contacts should be meaningful to the family's situation. Proper releases are to be used, and workers shall tell parents that someone will be contacting collaterals to obtain additional information as needed.

Suggested tools could include:

- My Safety House (CD-216)
- Three Houses Tool (CD-217)
- Case Mapping Tool (CD-218)
- Fairy Tool (CD-227)
- Wizard Tool (CD-228)
- Timelines
- Genogram
- Eco-Map
- Culturalgram
- Web-based resources

Differential Response Assessments shall be completed within 90 days of the original report date. If more intense services are needed within the 45-day timeframe or after, the case should be referred to Family-Centered Services as soon as the need is identified. In 2021, there were only 268 (0.5%) Differential Response reports. Due to the small number of Differential Response reports, the determination was made to eliminate this policy from the Child Welfare Manual effective April, 2022.

#### **(5) Developing and Updating Systems of Technology that Support the Program and Track Reports of Child Abuse and Neglect**

Please refer to Program Area One for information on the Child Abuse and Neglect call management system.

##### **Tableau Technology**

Tableau is a data visualization software package that has allowed Children's Division Quality Assurance System staff to convert raw data into easily understandable visuals. Using this platform, the Children's Division is able to create data dashboards that contain many related data sets in one easy to view format. This format makes it easy for staff and stakeholders to view and evaluate information around child abuse and neglect reports, alternative care case management, and family-centered services case management.

Tableau is being used to track trends across CAN Measures such as Timely Initial Safety Contact and Overdue Reports by Region. For Family-Centered Services, it visualizes trends such as worker visits with children, worker visits with parents, number of cases opened, length of time cases remain open, TAPAs, and diversions. It allows management to drill down to circuit level details that compare multiple factors to assist in further evaluation and decision making.

Dashboards are provided to management staff on a weekly and monthly basis.

### **Improvements to the CCWIS System (FACES)**

The Structured-Decision Making@ Safety Assessment as described in Program Area Four has been added to FACES.

A change was made to only report court adjudicated for perpetrators prior to August 28, 2014.

Supervisors now receive an email alert when a hotline is received.

Birth Match process for Newborn Crisis Assessments has been added to FACES.

A status reason for deceased perpetrator has been added to the Appeal Screen.

A new conclusion option of “Child Abuse/Neglect Present, Perpetrator Deceased” was added.

A yes/no check box was added to the Conclusion Screen for each alleged perpetrator that states “The alleged perpetrator consents to electronic communication regarding the disposition of this report and any communication regarding any administrative review of this report”. This displays for investigations only.

After entering a Request for Administrative Review, users are now allowed to skip over Administrative Review Determination and go right to entering CANRB Review Determination. Administrative Review Determination will still be an available option, but will not be required to move to the next step.

Adjustments to support the Central Consult Unit have been made in FACES.

- Created a Central Consult primary office and membership group
- Added a checkbox on the conclusion screen called “Central Consult Unit Report”
- Added a text box to be displayed on conclusion screen to document when CCU does not approve closure because there is a need for additional information. The information in this box will not show on case record reports.
- Made adjustments to the disposition letters to remove the worker’s name and title.

### **(6) Developing, Strengthening, and Facilitating Training**

An array of training courses is provided in the areas of intake, assessment, screening, and investigation of child abuse or neglect. New staff completes Child Welfare Practice Training (CWPT) as soon as possible after their hire date. All program lines, including child abuse/neglect investigations and assessments, are covered in CWPT.

For additional information about Program Area 6 and additional collaborative efforts, refer to refer to the Current Workforce Demographics section of this report.

### **Legal Aspects Training**

The Legal Aspects Training program includes a number of online e-learnings that serve as prerequisites for the two-day legal aspects trainings. The following courses are the two-day legal aspects trainings offered by the legal aspects team:

- Legal Aspects of Investigations,
- Legal Aspects of Foster Care and Adoption,
- Legal Aspects of Investigations for Supervisors,
- Legal Aspects of Foster Care and Adoption for Supervisors, and
- Legal Aspects 360 for Circuit Managers.

All classes have been offered virtually since April 2020. Each class provides participants with the basics of federal constitutional law involving the rights of parents, children, alleged perpetrators and the state. The investigations focused classes explore how these rights impact the CA/N hotline investigative process, the Central Registry and making requests for protective custody of children. The foster care and adoption classes explore constitutional rights of parents and children in the context of permanency planning. The foster care and adoption focused trainings also explore federal and state statutes and regulations affecting the placement and permanency of children. Each class incorporates critical thinking principles to help workers gather, analyze, and apply facts to the legal framework of child welfare practice.

### **Worker Safety Training**

A need for a comprehensive training package on how to be safe as a practitioner was expressed through staff focus groups. Safety begins with adequate awareness of the trauma a family or child may have experienced and the use of language and conversation that are trauma sensitive. Workers need to have further development in de-escalation skills and environmental awareness. It is believed that by giving staff the adequate skills needed to do their job safely they can then have their primary need for safety met and be able to focus on the family and children's needs. Working with the Department of Social Services Human Resources, a revised Worker Safety curriculum was implemented. Staff are required to take this class every three years.

### **Employee Learning Center (ELC)**

The Employee Learning Center (ELC) is the online portal for professional development. In the center, employees can locate learning options and course calendars, view transcripts and register for classes. The ELC gives employees a convenient place to review learning activities, assessments, and training compliance requirements. The ELC also allows employees to have access to on-line courses that they may complete on their own. There are several required trainings that employees must do on a regular basis, such as employee safety, and they can access these through the ELC at their convenience.

## (7) Improving the Skills, Qualifications, and Availability of Individuals Providing Services to Children, Families, and Supervisors

### **Staff Recruitment and Retention**

As part of the recruitment and retention efforts, the following strategies have continued alongside implementation of new efforts:

- Create and maintain a presence in the community
  - Developed a best practice recruitment and retention guide to be used at the micro level.
  - Collaborate with colleges/universities throughout the State of Missouri.
  - Build a footprint and brand on social media. The State of Missouri implemented a new hiring platform on MO Careers. As part of this launch, there has been an increased presence on FACEBOOK, Twitter, and LinkedIn.
- Fill vacancies
  - Identify ways to reduce the time to fill vacancies. This is an ongoing effort and with the new hiring platform to expedite the hiring process with a goal of 45 days.
  - The Children's Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types. The minimum qualification is a degree in Social Work or comparable human service field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.
  - Modifications to staff selection for 2020 included the use of virtual interviews with a scaled down version of the Staying Power! Selection toolkit.
    - Interview modifications included the traditional interview questions and an optional written portion.
  - Hiring blitzes have begun in the six regions of the state with staggered initiation dates.
  - Advertising for openings is occurring on radio stations, Facebook, Indeed.com, and Tik-Tok
  - Using the applicant tracking system, emails are being sent to recent applicants who were not hired encouraging them to reapply for openings in their area.
- Enhance the support of the workforce
  - Piloted Staying Power! Supervisors Guide to Retention
    - Roll out Staying Power! Supervisors Guide to Retention
    - Training and ongoing coaching of The Heart of Coaching. Training continues to be offered by Human Resource Center for new supervisors/leadership
  - Pilot of distributed work plans. Exit interviews suggest increased flexibility would increase retention.

- Quarterly compensatory time payouts have occurred during FY2022. Staff can choose to keep their compensatory time or have it paid out and see an increase in their paychecks.
- Incentive opportunities
  - Continue offering IV-E Masters in Social Work. There are 22 full time staff enrolled in this part time education program throughout the State of Missouri.
  - The Social Work Advisory Group (SWAG) is completing a proposal for state funded social work licensure to retain qualified social workers throughout the hierarchy.

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**(8) Developing and Facilitating Training Protocols for Individuals Mandated to Report Child Abuse and Neglect**

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**Online Mandated Reporter Training**

The Missouri Task Force for the Prevention of Sexual Abuse has developed free online training for mandated reporters. All mandated reporters are strongly encouraged to complete this training course.

<http://protectmokids.com/>

The training consists of four lessons that can be completed at the participant's own pace:

Lesson 1: Introduction & Legal Requirements of Mandated Reporters

Lesson 2: Indicators of Child Abuse and Neglect

Lesson 3: Plan for Responding to Suspicion, Discovery or Disclosure of Child Abuse and Neglect

Lesson 4: Effectively Reporting Child Abuse and Neglect

The training also has pre- and post-tests. While participants must earn a score of 80% or better on the post-test for successful completion, the test can be retaken to achieve this goal.

Participants who score 80% or greater on the post-test have successfully completed the training. Training is approved for 2 clock/course hours by the MO Workshop Calendar and the Missouri Peace Officer Standards and Training (POST).

**Recognizing and Responding to Abuse during COVID-19 Crisis**

As the COVID-19 pandemic spread across the state, reports to the Missouri Department of Social Service's Child Abuse and Neglect Hotline declined dramatically in 2020. Reports of child abuse and neglect to the hotline did increase in late 2020 and in 2021. Numbers are now comparable to pre-COVID periods. There were times of heightened quarantine and school closures on and off throughout the state during that period as well. During those times, children are not seen as often. When children stay at home, they are isolated from those places where adults often look out for their safety and well-being including schools, child care facilities, places of worship and other public areas. Missouri KidsFirst, the state's network of Child Advocacy

Centers, developed resources in 2020 designed to educate adults on how to recognize and respond to child abuse and neglect. The effort, #Essential4Kids, was funded by the Task Force on Children's Justice. The resources are currently active and target the general public, essential workers serving families, and school professionals who are mandated reporters but are working with children virtually or in non-traditional ways. The resources outline signs that a child is unsafe and how to make a report of suspected abuse and neglect to the state hotline. All resources can be accessed here: <https://www.missourikidsfirst.org/protecting-children-from-abuse-during-the-covid-crisis/>

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(10) Developing and Delivering Information to Improve Public Education Relating to the Role and Responsibilities of CPS

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**Online Mandated Reporter Training**

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 8 - Online Mandated Reporter Training.

**Care Portal**

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 13 - Care Portal.

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(12) Supporting and Enhancing Interagency Collaboration Between the Child Protection System and the Juvenile Justice System

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**Crossover Youth Initiative**

Crossover youth are defined as any youth who have experienced maltreatment and engaged in delinquency and have had any level of contact with either the dependency (child welfare) or delinquency (juvenile justice) systems. These youth have a unique set of risks and challenges and typically require a more intense array of services, and the leadership within Missouri's youth-serving agencies is committed to improving both the experiences and outcomes for these youth.

The Crossover State Policy Team was formed in 2013 and includes executive leadership from several youth service agencies including the Missouri Supreme Court, Office of the State Courts Administrator, Children's Division, Division of Youth Services, Department of Mental Health, and a Circuit Chief Juvenile Officer. Through an ongoing partnership with the Center for Juvenile Justice Reform, this team led the initiative to pilot the Crossover Youth Practice Model in four Judicial Circuits, encompassing nine counties and provide technical assistance to two additional Judicial Circuits seeking to improve their practice with this population. This team also

developed a shared framework to including the following guiding principles for system change and case level practice related to Crossover Youth:

1. Developmentally Appropriate Interventions as a Stepping Stone to Wellbeing
2. Trauma Informed
3. Evidence/Science Informed
4. Data Driven
5. Equitable at the Individual and System Level
6. Collective Responsibility

Progress in 2021-2022: Building on the work of Missouri's Crossover Youth State Policy Team, experiences of pilot projects, and ongoing assessment of field practice/outcomes over the last seven years, a workgroup comprised of core youth-serving agencies partnered with the Center for Juvenile Justice Reform to begin creating the Missouri Crossover Youth Toolkit. The workgroup brought together administration, regional leadership and field staff from juvenile justice, child welfare, and mental/behavioral health to contribute to the development of the Toolkit.

The Toolkit is being designed as a complete best practice guide for child welfare and juvenile justice professionals working with Crossover Youth. It includes the shared framework for approaching crossover work, steps to implement system changes, a field guide for coordinated case management and resources for cross training and enhancing front line practice. The Crossover Youth State Policy Team also coordinated to pull aggregate data from multiple systems to assess the prevalence of Crossover Youth in Missouri. These reports are provided on a quarterly basis. A Prevention Workgroup was developed to design and implement a prevention pilot and began meeting in 2019.

System-level goals include the following:

1. Ongoing operation of the Crossover Youth State Policy Team to drive the initiative forward through setting vision and providing oversight of implementation of the Toolkit.
2. Completion and roll out of the Crossover Youth Implementation Toolkit to provide training to state and circuit level leadership within juvenile justice, child welfare and mental/behavioral health on the Toolkit's purpose, content, and utility. This will include access to the System Self-Assessment which will empower circuit level teams to identify system strengths and areas where practice change should begin and a complete field guide to implement best practices for Crossover Youth.
3. Create and implement a sustainability plan to ensure ongoing efforts toward best practice. This includes ongoing technical assistance from a multi-agency team, enhancing aggregate data reports to include indicators specific to desired outcomes, annual completion of system self-assessment by circuit level leadership to track progress, and providing progress updates and ongoing training throughout the juvenile justice and child welfare systems.

There are several outcomes expected through the system-wide changes including a reduction in foster youth who formally crossover to delinquency, increased collaboration among youth-serving agencies, a safe reduction in out-of-home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

Additionally, the Georgetown Center for Juvenile Justice Reform (CJJR) training, consultation, and technical support is provided as a result of a Memorandum of Understand between the Department of Social Services and the Office of the State Courts Administrator (OSCA).

In March 2021 the Crossover Youth Statewide Team moved to being housed under OSCA as a subgroup of the Juvenile Court Improvement project (JCIP). It is believed this transition will allow this important work to continue to be supported in a multi-system way allowing for maximum collaboration.

In June 2021 a statewide multidisciplinary training (CJJR, CD, OSCA, DYS, DSS) was held with Children's Division staff and Juvenile Officers to introduce The Toolkit and provide information about how it can be utilized in local communities. There will be additional follow up with The Toolkit as meetings are able to be rescheduled with Circuit Managers, Juvenile Officers and Judges to look at long-term sustainability and incorporation into local practice.

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(13) Supporting and Enhancing Interagency Collaboration Among Public Health Agencies, Agencies in the CPS System, and Agencies Carrying out Private Community-Based Programs

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#### CarePortal

Children's Division strives to meet the needs of children and their families to keep children safe. One way in which Children's Division has worked to meet the needs of children and families is through collaboration with CarePortal. CarePortal assists with meeting physical needs of children and families by providing resources to bring stability to the child's environment. CarePortal is connected to churches and the church engagement component of the organization provides the additional opportunity to address needs across the child welfare spectrum, including relational needs (e.g., supporting children and families in time to build relationships together) and building networks to find individuals who may be available to provide natural supports.

There are 26 counties, with 2 additional counties that will be launching, in Missouri that are a part of the CarePortal Network. The Children's Division submits a de-identified request, including information free from names or addresses, to CarePortal to assist in connecting families to resources. CarePortal notifies local churches and community members of the need, giving the local community a real-time opportunity to respond and catalyze a connection between church and government to the benefit of children and families. CarePortal has helped to connect children and families with resources in their community outside of government

involvement to meet the current needs of the family. CarePortal provides access, training and support to child-serving agencies and churches, so that the children and families they both serve can benefit in many ways. Partnership assists to keep children safe by providing concrete goods, services (such as professional services like exterminator, financial services, home repair) and support to families to prevent removals and strengthen families; assist relative, foster, and adoptive families; and assist youth aging out of care. In addition, the partnership helps children achieve timely and sustained permanency by supporting caseworkers; supporting families to prevent removals and in reunification efforts; and supporting relative, foster and adoptive families. Providing relational and community support and providing goods and services can improve well-being for children and families. CarePortal also aims to reduce or avoid costs to child-serving agencies by providing goods, services and support to children, families and youth aging out of care; helping to prevent children from entering or re-entering foster care; helping children to reach sustained permanency more quickly.

The first county in Missouri became active with CarePortal in 2015. CarePortal maintains a live impact report on their website. To date, 14,099 children have been served in Missouri thus far. Further specified impact identifies the following:

#### Support

- Improve a child's wellbeing: 2,633 children
- Strengthen a biological family: 4,469 children
- Support youth aging out of foster care: 84 children

#### Preserve

- Help prevent a child from entering care: 1,247 children
- Help preserve foster/kinship (relative) placement: 1,845 children
- Help preserve an adoptive placement: 92 children

#### Unite

- Help reunify a biological family: 1,930 children
- Help place a child in foster/kinship (relative) care: 619 children
- Help unite a child with an adoptive family: 19 children

Impacts to families include maintaining stability and providing supports within the child's family home often avoiding removal to foster care. Support provided to relative placements to allow children to reside in familiar surroundings with people with whom they have an existing relationship and support of the relative/kin placements results in fewer placements for children and more rapid time to permanency through reunification or adoption/guardianship.

In 2021, General Revenue funds were included in the State Fiscal Year 2022 budget by the Legislature and approved by the Governor. The purpose of funding is to support the expansion of CarePortal in Missouri.

## **Foster Youth to Independence Tenant Protection Vouchers**

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities (PHA), and the Continuum of Care/Balance of State to procure the Foster Youth to Independence (FYI) Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development (HUD). These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to independence and are facing homelessness. Applications for each Public Housing Authority require a Memorandum of Understanding (MOU) and a protocol plan between the Public Housing Authority, Continuum of Care/Balance of State, Public Child Welfare Agency, and Supportive Service Agency. As of March 17, 2022, sixteen MOU's inclusive of 53 counties and five cities have been fully executed. Information on these services has been placed on the Children's Division internet and shared via GovDelivery to all staff. A brochure was added to the exit packet for youth leaving care. Missouri participates in calls throughout the year with HUD leadership and Administration for Children and Families leadership regarding this project. To date:

- 57 youth have requested the services.
- 43 youth have obtained a lease agreement with the use of the FYI Housing Vouchers.
- Nine Housing Authorities have assisted youth with obtaining a lease through the referral system utilizing the Housing Choice Voucher system.

## **Missouri Interagency Council on Homelessness**

In SFY21, the group was renamed from the Governor's Committee to End Homelessness to the Missouri Interagency Council on Homelessness as it is no longer a commission of the Governor. The Children's Division had representation on this committee until February 2022, at which time CD withdrew to focus on other agency priorities. During SFY22, meetings were held virtually every other month. Meeting topics included legislative, Continuum of Care, and funding updates related to unhoused youth and adults, warming shelters planning and progress, and general issues regarding this population. Resources were shared between meetings relevant to group members. Future meetings were discussed and dates planned along with proposed business items. Children's Division will continue to be a resource for this group if there are questions or needs specific to youth in foster care but will not plan on attending meetings going forward for the remainder of SFY22 and in SFY23.

Also refer to Program Area 2 - Increase Judicial Engagement.

## **UPDATE ON SERVICES TO SUBSTANCE-EXPOSED NEWBORNS SECTIONS 106(b)(2)(B)(ii) and (iii)**

To be in compliance with the requirements of Comprehensive Addiction and Recovery Act of 2016 (CARA) the State of Missouri passed legislation in 2019. The legislation went into effect on August 28, 2019. At this time, Missouri Revised Statute Section 191.737.1 states:

Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder as evidenced by:

1. Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
2. Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.
3. Nothing in this section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of section 210.115.
4. Any physician or health care provider complying with the provisions of this section, in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.
5. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.

As mandated reporters, physicians and various other health care providers utilize the Missouri Child Abuse/Neglect Hotline when reporting children born exhibiting signs and symptoms of drug or alcohol exposure, or when positive toxicology test results for controlled substances are received on the mother or child. Physicians or other medical personnel may also request through the Child Abuse/Neglect Hotline a home assessment when having serious reservations about releasing an infant from the hospital to a potentially dangerous situation.

Newborn Crisis Assessments are initially assigned an emergency response time of three hours in which staff must assure the child's immediate safety. Depending on the situation, assuring safety may require immediate face-to-face contact or may consist of phone contact with the reporter or hospital to confirm the child is safe and to discuss the plan for discharge. If the child's immediate safety is not in question, staff may change the priority response time to 24 hours if approved by a supervisory staff member. During the initial assessment of the family, an assessment tool may be used to gauge the family's plans and abilities to care for the infant upon release. If the child has not yet been released home from the hospital, the assessment includes a recommendation as to whether the infant should be released from the hospital with the mother, father, or other familial caretaker.

After safety is assured, staff begin the full assessment process with the family and those in their safety network, including health care providers, community resources and familial supports. If during the initial assessment of the family, medical personnel or staff identify an infant born being affected by substance use, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the

health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be accurately reflected in documentation. A Plan of Safe Care should be inclusive of the following:

- Parents' or infants' treatment needs
- Other identified needs that are not determined to be immediate safety concerns.
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services.

The Children's Division currently captures the number of infants identified under 106(b)(2)(B)(ii). In SFY2021, there were 6,623 such reports. Of those, 1,186 infants were categorized as "drug exposed". The system also captures the number of reports where a referral for services is needed. Additions to the Division's policy manual include more guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). Changes have been made to the State's case management system to reflect if a Plan of Safe Care was developed and if services were referred. The three data reporting criteria are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

If, at the conclusion of the assessment period, it is determined the family would benefit from continued services, a Family-Centered Services case is opened with the family to develop an individualized plan to meet the family's specific needs, including supports from other community agencies. A referral to the juvenile court recommending protective custody and out-of-home placement is made at any point during the assessment process or provision of services if the Children's Division can no longer ensure the child's safety.

Children's Division policy requires a conversation around a referral for DSS Home Visiting for every family that comes to the attention of Children's Division through a Newborn Crisis Assessment. Home Visiting is a voluntary in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support and education to eligible at-risk families with children under the age of three and/or prenatal women.

In addition to the requirement of the Home Visiting referral, the following requirements are in policy:

- Requirement for a medical provider collateral contact, outside of the reporter, preferably with the assigned pediatrician, as well as the mother's obstetrician in situations where there is a concern for substance use.
- Collaboration with assigned medical and service providers to discuss the need and development of a Plan of Safe Care, with examples of situations requiring a Plan of Safe Care and what a plan should include.
- Addition of a closing supervisory consult, in addition to a 72 hour supervisory consult, to ensure all services and needs have been addressed.

For additional information, refer to Program Area 3 - Home Visiting.

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**AMENDMENTS TO CAPTA MADE BY P.L. 114-22,  
THE JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015  
SECTIONS 103(9)(a) AND (10) OF THE TRAFFICKING VICTIMS PROTECTION ACT**

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Missouri Revised Statute Section 566.223 authorized the Missouri Department of Public Safety to establish procedures for identifying victims of trafficking defined under sections 566.200 to 566.223. The statute provides “*As soon as possible after a first encounter with a person who reasonably appears to a law enforcement agency to be a victim of trafficking as defined in Section 566.200, that agency or office shall notify the Department of Social Services and juvenile justice authorities, where applicable, that the person may be a victim of trafficking, in order that such agencies may determine whether the person may be eligible for state or federal services, programs, or assistance.*” The Department of Social Services may then coordinate with relevant state, federal, and local agencies to evaluate appropriate services for victims of trafficking. Such services may include, but are not limited to: case management, emergency temporary housing, health care, mental health counseling, alcohol and drug addiction screening and treatment, language interpretation and translation services, English language instruction, job training, and placement assistance. Missouri’s definition of sexual abuse currently ensures that victims of sex trafficking are considered victims of sexual abuse.

### **Human Trafficking**

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children’s Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.C. 78 Section 7102(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being. Victims of

neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.C. 78 Section 7102(9)-(10).

- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
  - The parents or legal guardians of the child;
  - Other members of the child's household;
  - Those exercising supervision over a child for any part of a twenty-four hour day;
  - Any person who has access to the child based on relationship to the parents of the child or members of the child's household or the family; or
  - Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, new child abuse and neglect screening criteria were implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

Child(ren) of any age has forcefully or willingly been involved in any type of sexual act in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third party profits from the child's sex act. This also includes situations in which the child's basic needs are met in exchange for a sexual act and situations in which the child's parent/caregiver allows, permits, or encourages a child to engage in a commercial sex act. Examples include pornography, prostitution, stripping, and survival sex.

A reporter description code of Child Sex Trafficking (HT) code was added to FACES and the prior reporter description code of Prostitution was discontinued. The addition of this HT code provides the ability for staff to make findings specific to child sex trafficking.

Children's Division utilized content provided by an expert partner through a Notice of Funding Opportunity to develop an Advanced Human Trafficking Training curriculum for Children's Division staff. This advanced training helps strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the Advanced Human Trafficking training, Children's Division has also updated policy and requires the utilization of a comprehensive assessment to assist in the identification of child victims of human trafficking. Children's Division staff will utilize the Human Trafficking Assessment Tool in the following circumstances:

- Within 24 hours for victim(s) and non-victim(s) listed on a CA/N report with allegations of human trafficking
- Within 24 hours of a child/youth in state custody returning from being on the run, missing, or abducted
- Within 24 hours of contact with an unaccompanied youth
- Within 24 hours for any child/youth that is involved with Children's Division through a CA/N report, Family-Centered Services (FCS) case, or Alternative Care (AC) case in which there is a

suspicion of human trafficking, history of human trafficking, and/or new concerns of human trafficking

- Within 72 hours for children/youth that are involved with Children's Division through a CA/N report, FCS case, or AC case in which it is learned that there is a known history of running away from home/placement
- When a child's circumstances change or new information is learned about the child/youth which warrants the usage of a more comprehensive screening of human trafficking
- Immediately when imminent safety concerns are present in which there are immediate concerns for a child/youth being trafficked

Children's Division Training Unit has also developed an enhanced Introduction to Human Trafficking training, separated into four pathways intended for administrative staff, field staff, supervisory staff, and caregivers.

Children's Division staff continue to expand their awareness of and response to concerns of human trafficking by developing local protocols within multi-disciplinary teams, collaborating with federal law enforcement agencies for assistance in investigating cases of suspected trafficking, participating in various local human trafficking task forces, and developing local procedures to address youth who run away from foster care.

The Children's Division is partnered with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

## **JUVENILE JUSTICE TRANSFERS**

Nineteen (19) youth exited Children's Division custody during CY21 with a commitment to the Division of Youth Services within sixty (60) days of the Children's Division custody end date.  
[Source: DSS Research, Job: SS.EHRH5Y7.JCL(CAPTADYS)]

## **AMERICAN RESCUE PLAN ACT FUNDING**

The planned expenditures for the supplemental appropriations that Missouri received through the American Rescue Plan Act is as follows. Dollar amounts are approximate.

- \$200,000 towards Human Trafficking Prevention programming and supporting youth on the run initiatives. Children's Division has collaborated with several community partners to support and take part in this training to include, but not limited to: law enforcement, Child Advocacy Centers, and the State Technical Assistance Team.
- \$600,000 towards simulation laboratories to be used for initial staff training. Children's Division, based on feedback from statewide partnership calls and local circuits, has been

exploring simulation trainings to offer staff as a practice enhancement and targeted, professional development opportunity. Based on feedback from partners and experts in the field, CD is collaborating a potential partnership with University of Illinois, Springfield, and the University of Missouri, St. Louis.

- \$900,000 towards a pilot in the metropolitan areas of the state that would provide a safe place for children entering care to stay while placement decisions are being made and secured. This pilot would partner with Child Advocacy Centers. Given the high priority of providing a safe and supportive environment from the moment children enter care, the above item was seen as a high need from our provider community and the hospital association. Because of this, Children's Division has been collaborating with Nebraska on Project Harmony, a similar project they have in their state.

The state has experienced no barriers or challenges to access or use of these funds.

## CURRENT WORKFORCE DEMOGRAPHICS

Positions within the Department of Social Services were re-structured on July 1, 2020.

An **Associate Social Services Specialist** is the entry-level child protective service professional position. An **Associate Social Services Specialist** who successfully completes their one-year probationary term automatically advances to a **Social Services Specialist** classification. Entry-level staff with one or more years of prior experience in the child protective service field with a public or private agency may qualify to enter as a **Social Services Specialist**. Qualifications include a Bachelor's or higher level degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.

Qualifications for a **Social Services Specialist** include a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and, One or more years of professional experience with a public or private agency in the delivery of protective children's services, including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

*(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)*

A **Social Services Specialist** has the opportunity for advancement within the same classification through an application process with review and approval decision by the applicant's management team and Human Resources. Promotional opportunities to Social Services Unit Supervisor or Senior Social Services Specialist are also available. Promotional opportunities to Supervisor and Specialist positions are based on vacancy and a competitive interview process.

In order to advance within the **Social Services Specialist** classification, qualifications must include a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and,

Three or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

*(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)*

A **Senior Social Services Specialist** performs specialized professional social service work, providing targeted and specialized case management with, or on behalf of, children and families in program areas of Investigations/Assessments, Family-Centered Services, and Out-of-Home Care. A **Senior Social Services Specialist** has the opportunity for advancement within the job classification or promotion to Social Services Unit Supervisor contingent on vacancy, performance history, and competitive interview. Additionally, a **Senior Social Services Specialist** has advancement opportunities to the position of Social Services Administrator based on vacancy, performance history, and a competitive interview process.

One or more years of experience as a **Social Services Specialist**, Social Services Unit Supervisor, or Senior Social Services Specialist with the Missouri Uniform Classification and Pay System.

A Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and,

Five or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

*(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)*

Successful completion of required certification and training as provided by the Missouri Department of Social Services, Children's Division is required within 12 months of employee's date of hire.

## **Associate/Social Services Specialist Initial Training**

In FY21, the Professional Development and Training unit became centralized to provide consistent messaging in training across the state. The trainers provide training to team members across the state. On-the-Job training continues to be the responsibility of the regions and follows a structured layout which gives regions the ability to add activities that are specific to their community. There are 12 trainers that rotate teaching Child Welfare Practice Training (CWPT) for ten weeks. These classes are currently offered virtually. The agency supports a “blended learning” approach, utilizing classroom, on-the-job field instruction, as well as on-line/self-instruction “eLearning” training which supports and supplements the classroom training and on-the-job training.

New Employees are enrolled in a ten week on-the job and classroom curriculum (Child Welfare Practice Training). On-the-job training is provided as pre-work and post-work to the classroom. The On-the-job training will start before the classroom component begins. Often there is homework before class to assist in the understanding of key concepts. Then there are activities after the class has completed to help the new employee apply concepts learned in the classroom to the field. The new employee is required to complete the following classes:

*OJT Foundations-* This on-the-job training starts the first week of training. It provides pre-work activities involving philosophy, understanding the laws guiding the Children’s Division and becoming familiar with policy and procedures. The employee also self-evaluates themselves according to Child Welfare Practice Training competencies. The post-work activities include further exploration of the Code of Ethics, understanding the components of culture, practicing engagement skills, and asking questions using a purposeful questioning approach from Signs of Safety. Post-work activities also provide an introduction to child development and assessing parental protective capacities and child vulnerabilities in the field.

*14 hours of training credit*

*CWPT Foundations-* This competency-based curriculum is the second week of training. It includes an overview of the agency and the legal basis for the agency's work. During all topics, participants practice and hone their critical thinking skills. The content includes evaluation of participants' values and beliefs and how they align with the agency. The agency's mandate around child safety is introduced to participants. Included in the curriculum is a discussion around the NASW Code of Ethics. Participants are introduced to the Framework for Safety concepts of threats, child vulnerabilities, and parental protective capacities.

*20 hours of training credit*

*OJT Practice Model-* This on-the-job training starts during the third week of training. The pre-work activities include exploring how children's experiences and trauma affect their behavior, how staff's own culture and values affects how they engage with families, an introduction to Signs of Safety and learning child development stages. The post-work activities include awareness of bias, demonstrating an understanding of trade-offs from Five Domains of

Wellbeing, applying Signs of Safety learned in the practice model classes, identifying trauma in the field, and shadowing team decision making meetings.

*16 hours of training credit*

*CWPT Practice Model I-* This classroom experience is provided during the third week of training. It introduces the key concepts and elements of a wellbeing orientation including the Five Domains of Wellbeing and the concept of tradeoffs, as a foundational framework and approach for working with families and colleagues. The course provides an increased understanding of the primary drivers of behaviors, decisions, and choices. Included is a skills practice around identifying and listening for challenges and tradeoffs in the Five Domains of Wellbeing in our own lives and the lives of those we work with. The third day of the class introduces trauma and its effects on the families served, as well as secondary trauma and its effects on frontline staff.

*18 hours of training credit*

*CWPT Practice Model II-* This classroom experience is provided during the fourth week of training. This course introduces participants to the Signs of Safety practice. Participants learn the building blocks of the practice, which includes using a mapping tool to ask intentional questions and guide conversation and creating Family Risk Assessment Maps to assess family functioning in the areas of harm/danger, strengths/existing safety, and safety goals. Participants learn more about immediate safety assessment and interventions, and the use of the safety network to help keep children safe. Participants also learn how to engage with children, create a "words and pictures" to provide children with explanations of their experiences, and develop long term safety plans with families.

*18 hours of training credit*

*OJT Child Abuse and Neglect-* This on-the-job training starts during the fifth week of training. The pre-work activities include learning about state and federal laws regarding investigations, mandated reporter training, training on safe sleep, shadowing an investigation and an introduction to court. The post-work activities include additional shadowing of investigations, the use of timelines, knowing how and when to use the Child Advocacy Centers, completion of diligent searches and the referral process for developmental assessments. It also includes an e-learning on understanding protective custody.

*16 hours of training credit*

*CWPT Child Abuse and Neglect-* This classroom experience is provided during the sixth week of training. This competency-based training introduces participants to the statutory mandate to receive and respond to child abuse and neglect reports. Participants learn state law, agency policy, and rules and regulations that govern this program area. Participants practice interviewing skills as well as assessing and responding to threats of safety. Participants learn how to engage family court and other multi-disciplinary teams that assist in the response to investigations and assessments. Participants also become familiar with making a conclusion, notifications, and the appeal process.

*25 hours of training credit*

*CWPT Team Decision Making-* This classroom experience is provided during the seventh week of training. The Team Decision Making CWPT classroom training supports and builds upon the On-the-Job training staff receive prior to and after the classroom experience. Participants are trained on identifying the key elements of the TDM process. The content includes discussions about the important roles of parents, caregivers, youth, extended family and community partners. Training content also provides for an understanding of how the TDM process can meet the child/youth's need for safety, permanence and well-being.

*4 hours of training credit*

*CWPT CAN Systems-* This classroom experience is provided during the seventh week of training. CA/N Systems provides instruction and practice opportunities in the FACES screens that would most frequently need to be completed over the course of a Child Abuse or Neglect report. Workers also have the opportunity to familiarize themselves with the purpose of the information that is required. Workers accept a practice hotline report and enter information into the system from beginning to closure.

*4 hours of training credit*

*OJT Intro to Case Management I (FCS/Prevention) -* This on-the-job training starts in the seventh week of training. Pre-work activities include becoming familiar with community resources, filling out releases, making referrals to court, court preparedness, and helping parents work on child development skills. Post-work activities include understanding the role of team meetings and how teams work, shadowing the beginning of the case and the tools used for assessment, shadowing the end of a case and testing the safety plan, use of safety network meetings, conflict resolution, testifying, and use of appreciative inquiry with families.

*12.5 hours of training credit*

*CWPT FCS/Prevention-* This classroom experience is provided during the eighth week of training. This competency based curriculum introduces new team members to case management with an intact family. Participants study the Generalist Intervention Process and the activities needed to engage, assess, plan, intervene, evaluate, and terminate through the life of a case. Participants look at creating immediate safety interventions as well as plan and create long-term safety.

*20 hours of training credit*

*CWPT Case Management Systems I-* This classroom experience is provided in the ninth week of training. Case Management Systems I provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of a Family-Centered Service case. Staff members open a practice case and enter information into the system from opening to closing.

*4 hours of training credit*

*OJT Intro to Case Management II-* This on-the-job training starts in the ninth week of training. Pre-work activities include information on Multi-Ethnic Placement Act, training on Indian Child Welfare Act, training on permanency planning/concurrent planning (Adoption and Safe Families Act), information on foster care and rights, how to facilitate meetings, shadowing court hearings, understanding relative and other placements, older youth, and shadowing of worker visits for children, parents and placements. Post-work activities include information on Interstate Compact for the Placement of Children, demonstrating 24 hour home visits, demonstrating meeting facilitation, use of timelines, understanding child behaviors, writing court reports, and referring for subsidies. The self-evaluation on Child Welfare Practice Training competencies from week one is filled out again by the worker and their supervisor, with the intended goal of scoring higher at this point in the training.

*23 hours of training credit*

*CWPT Alternative Care-* This classroom experience is provided during the tenth week of training. This competency-based curriculum provides participants with the knowledge of the impact of out-of-home placement on children and families. Participants explore the family-centered out-of-home care process which includes: Adoption and Safe Families Act (ASFA), reasonable efforts, permanency goals, developing and utilizing permanency planning, and an understanding of permanency time frames. Participants discuss placement planning and selecting a home for a child, including planning for Older Youth in placement. Specific attention is placed on facilitating family support team meetings, court testimony, and ongoing responsibilities of staff including the continuous work of ensuring the safety and well-being for those children/youth who are in the care and custody of the agency.

*20 hours of training credit*

*CWPT Case Management Systems II-* This classroom experience is provided during the tenth week of training. Case Management Systems II provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of an Alternative Care case. Staff members open a practice case and enter information into the system from opening to closing.

*4 hours of training credit*

*Child Abuse and Neglect Hotline Unit*

The Hotline offers four weeks of training for new employees. A new session is determined when new staff are hired to the hotline. The classes can be very small (one to two employees) or can be larger. Staff start training in the classroom and then the training is moved to a section of the floor. After the training is completed employees are assessed to see if additional one-on-one training is needed before the employee is allowed to take calls. The calls are monitored in several ways after the employee leaves training. Calls may be listened to live or on a recorded option. The employees also need to have manager approval for a determined amount of time between trainers and supervisors before their training is considered complete.

Hotline training consists of:

- Week one- policy/procedure/philosophy- 40 hours
- Week two- Referrals and Call procedure- 40 hours
- Week three- Assessments and taking calls- 40 hours
- Week four- Investigations and taking calls- 40 hours

Additional training for workers is as follows:

Course Name	Hours	Type of Course	Recommended Time Frame	How Often
PERSONAL HEALTH & SAFETY TRAINING	1	online	within 30 days of hire	every year
CODE OF ETHICS/CODE OF ETHICS - SELF INSTRUCTION	1	online	within 30 days of hire	every year
INAPPROPRIATE COMPUTER ACCESS	1	online	within 30 days of hire	once
SOCIAL NETWORKING	1	online	within 30 days of hire	once
INTRODUCTION TO HUMAN TRAFFICKING	6	in class	within one year of hire	once
CHANGES TO CASE RECORD MAINTENANCE & ACCESS	1	online	within 30 days of hire	once
INFORMED CONSENT	1	online	within 30 days of hire	Once
ACTIVE SHOOTER & BOMB THREAT	1	online	within 30 days of hire	every 3 yrs
CQI IN ACTION	1	online	within 30 days of hire	every 3 yrs
PSYCHOTROPIC MEDICATION MANAGEMENT - UPDATE 2019	1	online	within 30 days of hire	once
NON-PHARMACOLOGICAL INTERVENTIONS	1	online	within 30 days of hire	once
PERSONALLY IDENTIFIABLE INFO & HIPAA PROTECTED HEALTH INFO	1	online	within 30 days of hire	once
WORKPLACE SAFETY	8	in class	within 90 days of hire	every 3 yrs
CIVIL RIGHTS & DIVERSITY FOR NON-SUPERVISORS	8	in class	within one year of hire	every 3 yrs
LEAVE TRACK DEMO- EMPLOYEE	1	online	within 30 days of hire	once
DRUG FREE WORKPLACE ACT	1	online	within 30 days of hire	once
NEW EMPLOYEE HIPAA TRAINING	1	online	within 30 days of hire	once
EMPLOYEE HANDBOOK	1	online	within 30 days of hire	once
HIPAA & CONFIDENTIALITY LAW	1	online	within 30 days of hire	once
OPIOD CRISIS AWARENESS RESPONSE	1	online	within 30 days of hire	yearly
THE HEART OF COACHING FOR TEAM MEMBERS	14	in class	within one year of hire	once
Engage 2.0 Team Member Accelerated Coaching Training	0.32	online	within 30 days of hire	once
AFCARS DATA ACCURACY TRAINING	1	online	Within 90 days of hire	yearly
CHILD WELFARE TRAUMA TRAINING TOOLKIT	12	in class	between 6 and 12 months	once
LEGAL ASPECTS INVESTIGATIONS	14	Virtual/instructor led	Between 6 and 12 months	every 3 yrs
RSMo CHAPTER 210 QUALIFYING IN-SERVICE	20	in class/online	yearly	ongoing
DOMESTIC VIOLENCE	6	online	within one year of hire	once
SAFE-CARE TRIAGE, MEDICAL EXPERTISE & STANDARD OF CARE	1	online	within 90 days of hire	once

SAFE SLEEP PRACTICES- PART 1	1	online	within 30 days of hire	once
SIGNS OF SUICIDE TRUSTED ADULT	1	online	within 90 days of hire	once
*210.180. Division employees to be trained – Each employee of the division who is responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than forty hours of preservice training on the identification and treatment of child abuse and neglect. In addition to such preservice training such employee shall also receive not less than twenty hours of in-service training each year on the subject of the identification and treatment of child abuse and neglect. Such annual training shall include at least four hours of medical forensics relating to child abuse and neglect as approved by the SAFE CARE network described in section 334.950.				

A Social Services Unit Supervisor has promotional opportunity to the position of Social Services Administrator. Promotional opportunities are available based on vacancy and a competitive interview process. One or more years of experience as a Social Services Specialist or a Senior Social Services Specialist with the Missouri Uniform Classification and Pay System. OR Three or more years of experience as an Associate Social Services Specialist with the Missouri Uniform Classification and Pay System OR A Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and, Five or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

*(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)*

### **Leadership Development Rule**

The new Leadership Development Rule (LDR) prescribes standards regarding mandatory training for employees in leadership positions within all state agencies. These standards provide a framework for developing and maintaining leadership effectiveness consistent with the mission and needs of each agency. Eight key areas are established for leaders, which includes all supervisors and managers, to focus on when completing professional development activities. The LDR requires that leaders complete a minimum of 52 hours (an average of at least one hour per week). For new leaders, there will be a specific learning development track identified. While leaders should begin a focus on completing an average of one hour of training each week, formal tracking will begin on July 1, 2020.

Training specific to Social Services Unit Supervisor include:

Course Name	Hours	Type of Course	Recommended Time Frame	How Often
EFFECTIVE DISCIPLINE	6	Virtual/ Instructor led	within 6 months of hire	once
CIVIL RIGHTS AND DIVERSITY FOR SUPERVISORS	6	Virtual/ Instructor led	within 6 months of hire	every 3yrs

Managing FMLA	3	Virtual/ Instructor led	within 6 months of hire	once
Managing ADA	3	Virtual/ Instructor led	within 6 months of hire	once
THE HEART OF COACHING LESSON 1- INTRODUCTION	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 2- CHAPTER 3	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 3- CHAPTER 4	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 4- CHAPTER 5	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 5- CHAPTER 6	1	online	within 6 months of hire	once
THE HEART OF COACHING WORKSHOP	14	Virtual/ Instructor Led	within 6 months of hire	once
ENGAGE 2.0 OVERVIEW	2	Virtual/ Instructor Led	within 2 months of hire	Once
MO Careers Overview and Hiring	2	Virtual/ Instructor Led	within 6 months of hire	Once
New Manager Foundations	1	online	within 2 months of hire	once
Ken Blanchard on Servant Leadership	0.5	online	within 2 months of hire	once
Hiring, Managing, and Separating from Employees	1.75	online	within 2 months of hire	once
Managing a Diverse Team	1.25	online	within 2 months of hire	once
Leading Productive Meetings	1	online	within 6 months of hire	once
Succeeding in a New Role by Managing Up	0.3	online	within 6 months of hire	once
Building Trust	1	online	within 6 months of hire	once
Project Management Simplified	1.75	online	within 6 months of hire	once
Leadership Development Rule	52		annually	ongoing

In addition to the requirements noted above to be completed by all supervisors upon hire, the following trainings are required for supervisors of investigative staff:

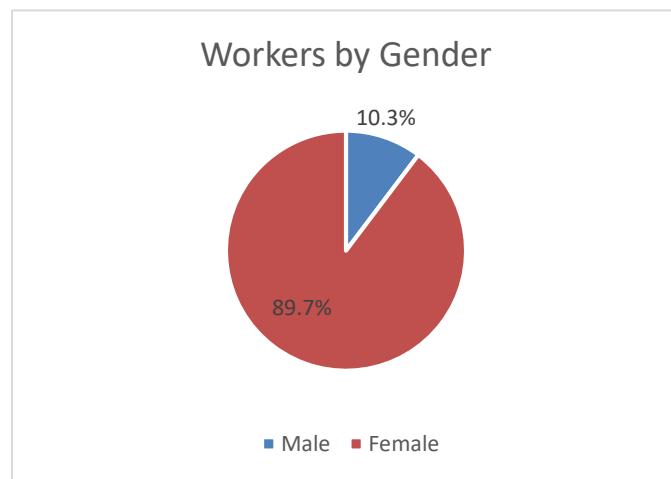
Course Name	Hours	Type of Course	Recommended Time Frame	How Often
LEGAL ASPECTS INVESTIGATIONS	14	Virtual/ instructor led	Between 6 & 12 months	Every 3 years
AFCARS DATA ACCURACY TRAINING	1	online	Within 90 days of hire	yearly
DOMESTIC VIOLENCE	6	online	within one year of hire	once
SAFE-CARE TRIAGE, MEDICAL EXPERTISE & STANDARD OF CARE	1	online	within 90 days of hire	once
SAFE SLEEP PRACTICES- PART 1	1	online	within 30 days of hire	once
WORKER PARENT VISITS WEBINAR	1	Online	Within 90 days of hire	Once

WORKER CHILD VISITS WEBINAR	1	Online	Within 90 days of hire	Once
SIGNS OF SUICIDE TRUSTED ADULT	1	online	within 90 days of hire	once

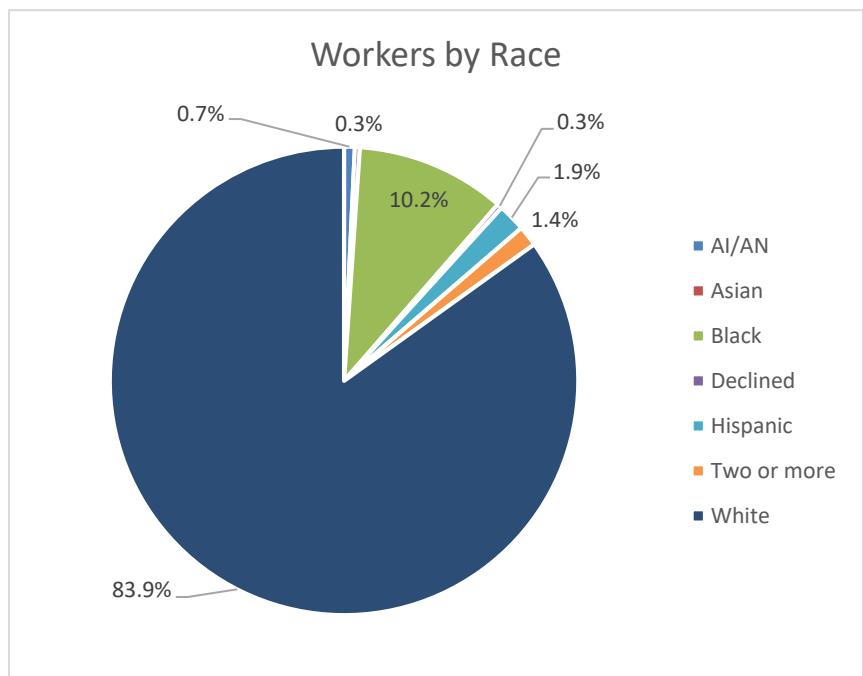
### **Caseload Standards**

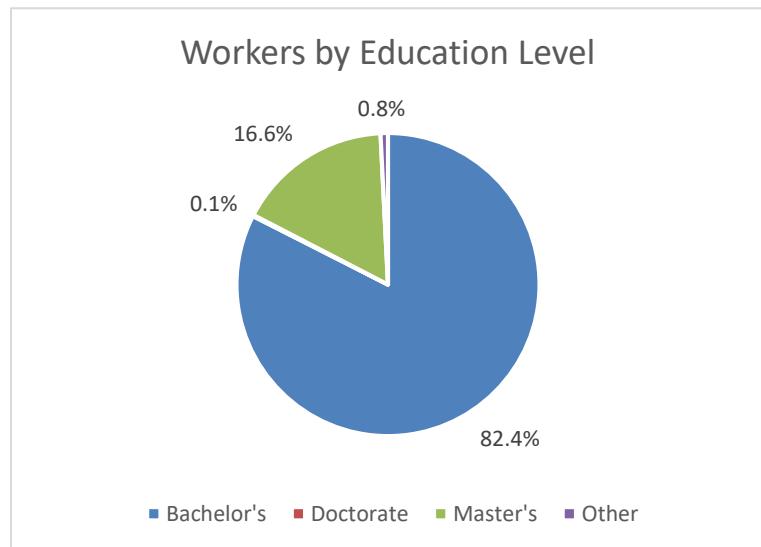
Caseload requirements are determined by the Council of Accreditation (COA). COA's 2022 Standards for Public Agencies-Child and Family Services (PA-CFS) 2.09 states caseloads support the achievement of child and family outcomes, are regularly reviewed, and generally do not exceed: 12 active investigations at a time, including no more than eight new investigations per month; 15-17 families receiving ongoing in-home services; 12-15 children in out-of-home care, and their families; 8 children in treatment foster care, and their families; and 12-25 families when arranging adoptions or guardianships. When workers manage a blend of case types, caseloads should be weighted and adjusted accordingly. For example, a worker conducting four active investigations should not simultaneously be responsible for more than 10-11 families receiving ongoing in-home services, and a worker for both children in out-of-home care and intact families should have no more than 15 total families with no more than 10 children in out-of-home care. There are circumstances under which caseloads may exceed these limits. For example, caseloads may be higher when agencies are faced with temporary staff vacancies, or if administrative case functions (e.g., entering notes, filing, etc.) are assigned to other personnel. New personnel should not carry independent caseloads prior to the completion of training. Factors that may be considered when determining employee workloads include, but are not limited to: the qualifications, competencies, and experience of the worker, including the level of supervision needed; whether services are provided by multiple professionals or team members; case complexity and circumstances, including the intensity of child and family needs, the size of the family, travel time, and the goal of the case; case status, including progress toward achievement of desired outcomes; the work and time required to accomplish assigned tasks, including those associated with caseloads and other job responsibilities; and service volume.

### **Children's Division Social Services Specialist Demographics:**



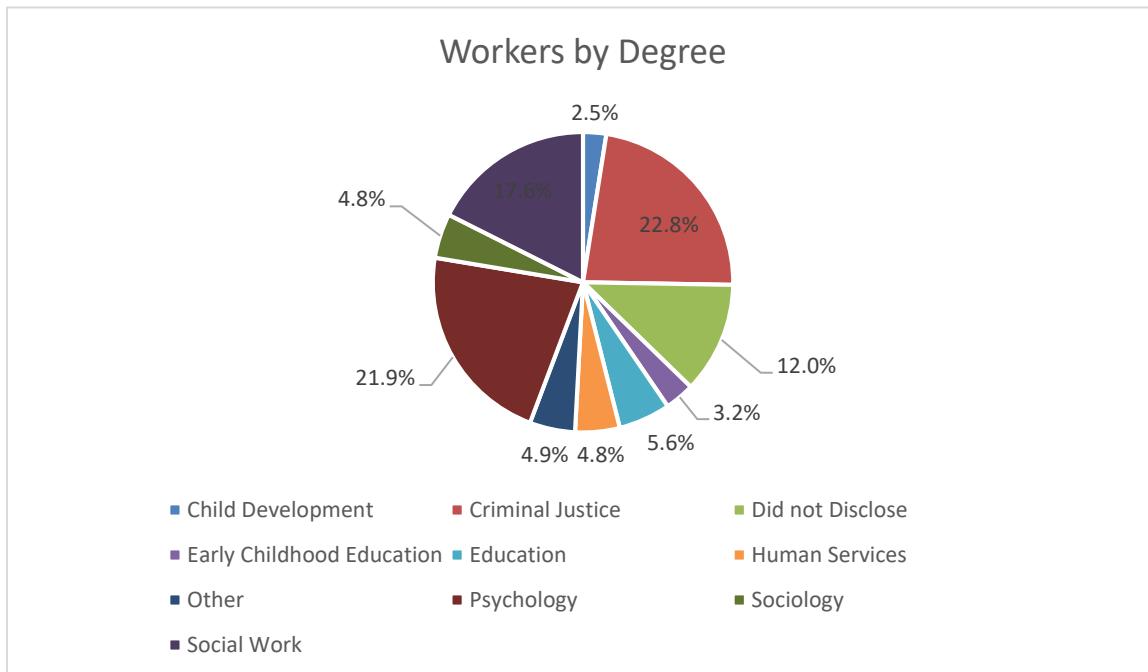
CD Worker Race/Ethnicity	
American Indian/Alaskan Native	13
Asian	6
Black	180
Declined to Respond	6
Hispanic or Latino	34
Two or more Races	25
White	1479



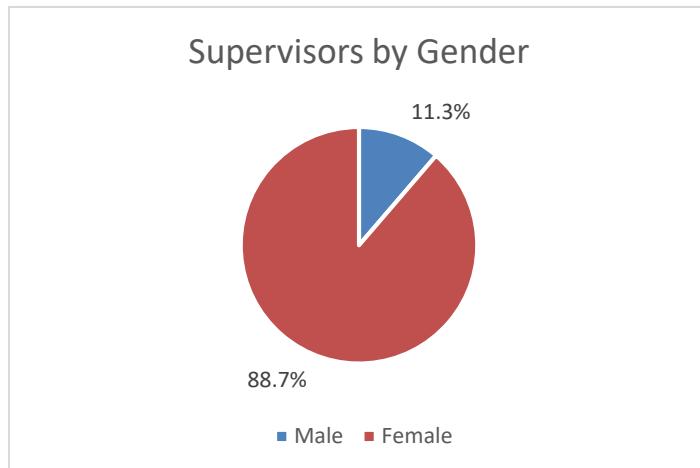


CD Worker Education Degree*			
Child Development	38	Human Services	71
Criminal Justice	340	Other	73
Did not Disclose	179	Psychology	327
Early Childhood Education	47	Sociology	71
Education	83	Social Work	262

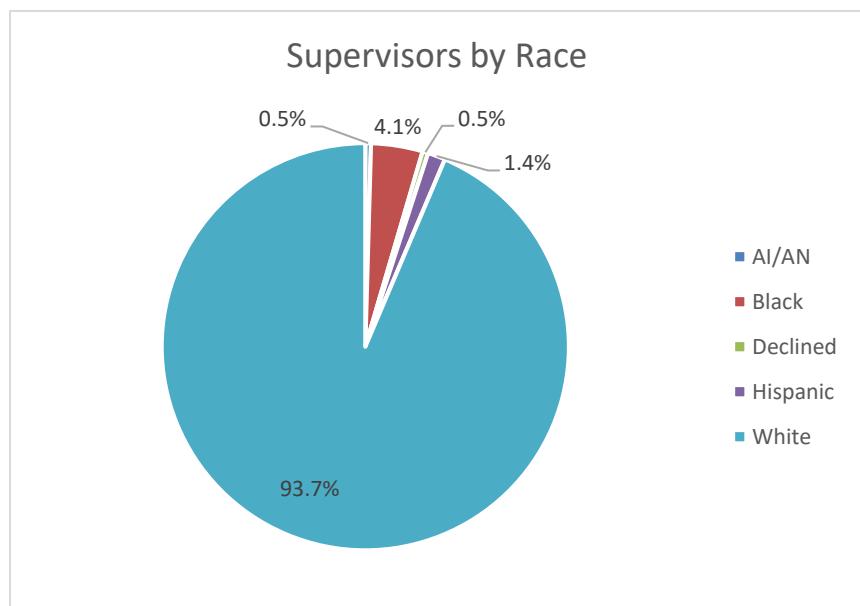
\*Top ten degrees reported



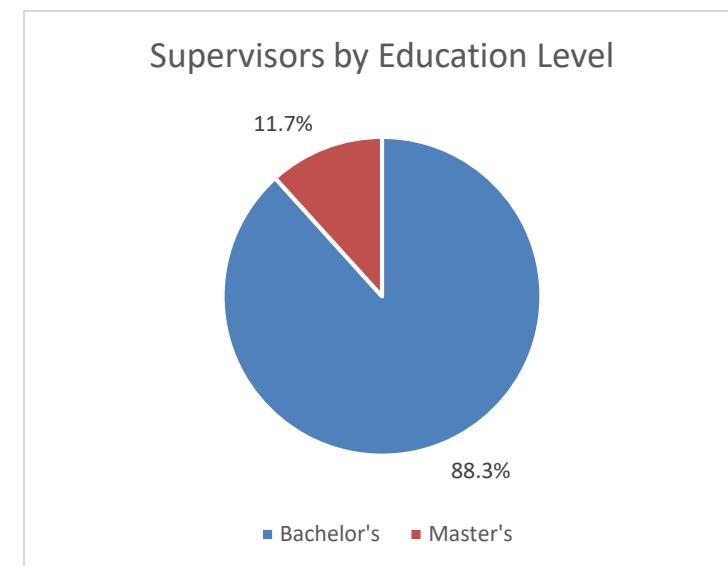
### **Children's Division Social Services Unit Supervisor Demographics:**



Supervisor Race/Ethnicity	
American Indian/Alaskan Native	1
Black	9
Declined	1
Hispanic or Latino	3
White	208

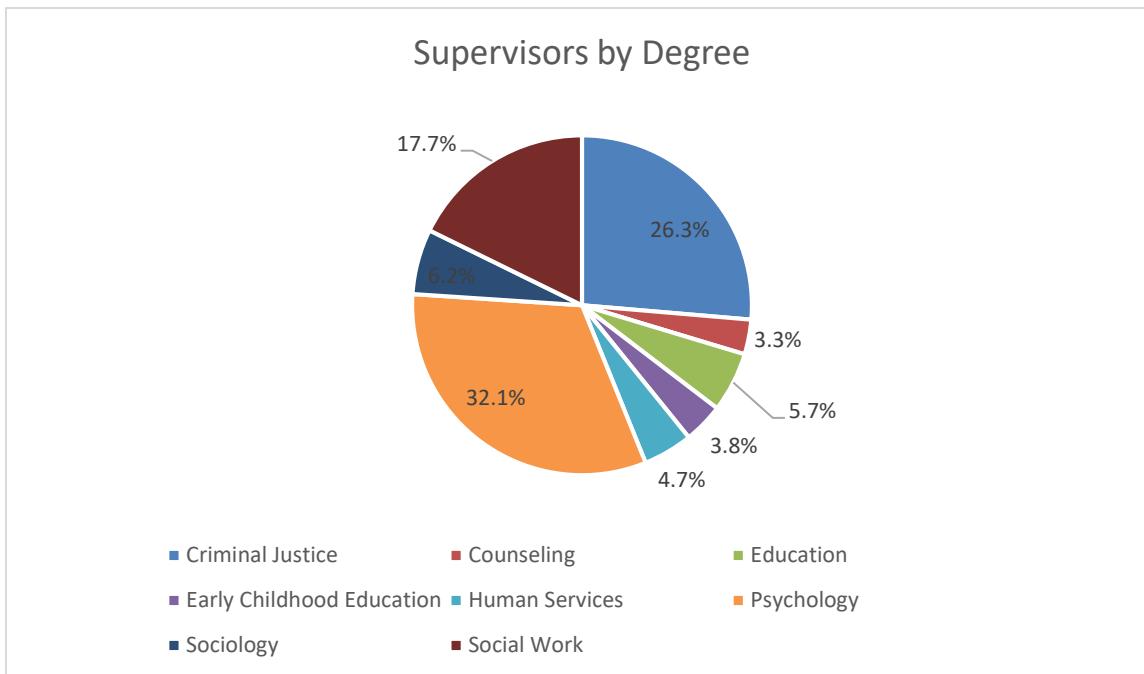


<b>Supervisor Education Level</b>	
Bachelor's Degree	196
Master's Degree	26



<b>Supervisor Education Degree*</b>			
Criminal Justice	55	Human Services	10
Counseling	7	Psychology	67
Education	12	Sociology	13
Early Childhood Education	8	Social Work	37

\*Top eight degrees reported



## **CITIZEN REVIEW PANELS**

### SECTION 106(c)(6)

The State of Missouri designates the three teams below as Citizen Review Panels, each meeting the requirements of the Child Abuse Prevention and Treatment Act. The Citizen Review Panel annual reports (Attachments A, B, C), and corresponding recommendations and State responses (Attachment D) follow:

- Children's Justice Act (CJA) Task Force – Attachment A
- Child Fatality Review Program (CFRP) – Attachment B
- Child Abuse/Neglect Review Board (CANRB) – Attachment C

## **APPENDICES**

ATTACHMENT A: Children's Justice Act (CJA) Annual Report

ATTACHMENT B: Child Fatality Review Program (CFRP) Annual Report  
Eliminating Child Abuse and Neglect Fatalities in Missouri

ATTACHMENT C: Child Abuse/Neglect Review Board (CANRB) Annual Report

ATTACHMENT D: State Response to Citizen Review Panel Recommendations

**ATTACHMENT A**

**CHILDREN'S JUSTICE ACT (CJA) TASK FORCE**

**CITIZEN REVIEW PANEL ANNUAL REPORT**

Missouri established and has maintained a multi-disciplinary Task Force since 1991. The Task Force is comprised of a diverse group of professionals including law enforcement, judges, attorneys, child advocates, court-appointed special advocates, health and mental health professionals, child protection service agency delegates, professionals providing services to children with disabilities, and parent representatives. The Task Force meets at least quarterly. The Task Force seeks a more comprehensive, coordinated, multi-disciplinary system which responds to reports of child abuse and neglect, and thus producing a positive impact on the health and safety of Missouri's children.

The CJA Task Force's annual report is attached.

## **ATTACHMENT B**

### **CHILD FATALITY REVIEW PROGRAM (CFRP) CITIZEN REVIEW PANEL ANNUAL REPORT**

Missouri law requires child fatalities to be reported to the coroner or medical examiner, regardless of the cause of death and if the death meets criteria, it is reviewed by a county-based panel of child protection professionals in the county of illness/injury/event. During the review process, CFRP panels collect standardized child fatality data which can be used immediately by the community to address needs for services and implement prevention best practices. Statewide data is used to identify spikes, trends and patterns of death requiring systemic solutions and prevention strategies to improve child wellbeing and ensure a safer environment for all Missouri children and families.

The CFRP Annual Report is released each December with the data and findings for the previous calendar year. The 2020 CFRP Annual Report is attached, but may also be viewed in its entirety on the Missouri Department of Social Services webpage at <http://dss.mo.gov/re/cfrar.htm>. For more information on the Missouri Department of Social Services CFRP, please visit <http://www.dss.mo.gov/stat/mcfrp.htm>.

You may also go to <https://dss.mo.gov/re/cfrar.htm> to view the CFRP report dated April 2021 called "Eliminating Child Abuse and Neglect Fatalities in Missouri". This report is a result of the CFRB sub-committee conducting a case review process of fatalities which occurred as a result of child abuse or neglect in CY2015 in response to the Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation for states to conduct a five-year retrospective review of child fatalities.

**ATTACHMENT C**

**CHILD ABUSE AND NEGLECT REVIEW BOARD (CANRB)**  
**CITIZEN REVIEW PANEL ANNUAL REPORT**

The Child Abuse and Neglect Review Board (CANRB) provides an independent Administrative Review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Preponderance of Evidence" finding of the Children's Division. At the conclusion of each Investigation, CD notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

See attached report.

## ATTACHMENT D

### **STATE RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT RECOMMENDATIONS**

#### **Children's Justice Act (CJA) Task Force**

The CJA Task Force provided Children's Division with the following recommendations:

**(A) Recommendation:** The CJA Legislative Committee recommended education for legislators on roles of not only the Children's Division but other multi-disciplinary team members on abuse and neglect policies, procedures, and identified needs for any future legislative initiatives.

**(A) State Response:** The Children's Division will work with the Task Force to identify areas of interest of the Children's Division regarding pre-filed bills and legislative proposals that affect the Children's Division or the investigations/prosecution of child abuse and neglect. The Task Force can then identify legislators that might have an interest in such legislation and invite them to Task Force meetings where they can be better educated on the role of the Children's Division and other team members that could be affected by legislation.

**(B) Recommendation:** Over the last two years, the Task Force has recommended that high-functioning multi-disciplinary teams (MDT) be enhanced throughout the State of Missouri. The Task Force recognizes that successful investigation and prosecution of child abuse is a multi-pronged process. Many disciplines must work together to assure that reports of child abuse are adequately investigated, prosecuted, and services are provided to families.

**(B) STATE RESPONSE:** In 2022, the Task Force voted to support funding for a multi-year MDT Enhancement Project which is intended to build more highly functioning MDTs across the state that in turn will assist in the investigation and prosecution of child abuse and neglect. The enhancement initiatives will likely lead to cases being referred and completed in a timelier manner as well as fewer cases falling through the cracks with teams working together more cohesively throughout the life of the case. Phase 1 will begin in the spring of 2022 and continue into 2023. As an integral part of the MDT, the Children's Division will partner with these efforts to support the enhancement of the MDT process that will lead to better outcomes for children and families.

## **Child Fatality Review Program (CFRP)**

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**(A) Recommendation:** The CFRP sub-committee that completed a review of child fatalities in 2015 and wrote the 2021 report Eliminating Child Abuse and Neglect Fatalities in Missouri made the recommendation to create a culture of Safe Sleep.

**(A) State Response:** In an effort to combat sleep related infant deaths, several departments and organizations came together to make up the Missouri (MO) Safe Sleep Coalition with a goal of combining knowledge and resources to ensure consistent, statewide safe sleep education to the citizens of Missouri. The MO Safe Sleep Coalition consists of members from the Department of Social Services, Department of Health and Senior Services, Children's Trust Fund, Infant Loss Resources, Office of Child Advocate, Children's Mercy Hospital, Generate Health St. Louis, Saint Francis Healthcare System, Nurses for Newborns, and SSM Health. The coalition continued to meet on a quarterly basis in 2020 and 2021 to discuss current safe sleep initiatives and ongoing efforts to support safe sleep education and practices. The Coalition developed a strategic plan and it was approved in 2019. The focus of the Coalition moving forward is on identifying specific action steps within the strategic plan and to begin putting those action steps into practice in order to meet their overall goal, which is creating a safe sleeping environment for infants and to reduce the number of infant fatalities related to an unsafe sleep environment. As such, the Missouri Safe Sleep Coalition has developed the Safe Sleep Part 1 training for all CD staff, as well as other direct service providers and the general public. This training is a required training for all Children's Division frontline staff and supervisors. The Coalition will continue to produce Part 2 of the Safe Sleep training, which will serve as an advanced safe sleep education specifically for direct service providers.

The Coalition has also pooled their resources and have developed a Safe Sleep Website. This website will pull all safe sleep resources that each Coalition member agency has available. It is anticipated that this Safe Sleep Website will be live summer of 2021.

**(B) Recommendation:** The CFRP sub-committee made the recommendation to improve provision of resources to high-risk and/ or high needs families.

**(B) State Response:** Newborns and infants are the most vulnerable population served due to their basic welfare being dependent on others. In some instances, a physician or healthcare provider may be hesitant to release an infant from the hospital due to concerns of parental drug use or other potentially dangerous household conditions. A Newborn Crisis Assessment is generated because of concerns that have been reported by the physician or healthcare provider when assessing the home and family functioning. A physician or healthcare provider may also make a non-drug related referral when concerned about releasing a newborn from the hospital. Non-drug involved referrals will be accepted until the child is one year of age.

In September 2020, Children's Division re-introduced the Newborn Crisis Assessment Tool (NCAT). The NCAT is to be used to assess the circumstances surrounding the newborn and to document the response by the Children's Division to any needs and services.

The following are now required to complete a Newborn Crisis Assessment:

- The NCAT is to be completed on every Newborn Crisis Assessment received.
- The NCAT is located on E-Forms and after completion shall be uploaded into OnBase.
- Initial contact with the child and family, home visits, collateral contacts, phone correspondence, and any additional contacts shall be documented in the Contact Communication section in FACES.
- The worker must document that the child(ren) was verified as “SAFE” in the contact.
- To reduce redundant work, staff should summarize the assessment of the family in the contact but do not repeat what has already been entered into the NCAT.
- The SOS Mapping Tool (CD-218) may be utilized by the worker to assist developing the Plan of Safe Care with the family.
- The Plan of Safe Care shall be documented on the NCAT.
- On the Conclusion Screen, summarize the assessment of the newborn and family in the Actions Taken Summary Section. The Actions Taken Summary may mirror the Other Observations, Concerns or Recommendations section on the NCAT.

Additionally, as a result of a Children’s Division internal in-depth review of concluded Newborn Crisis Assessments (NCA) and with an associated critical incident within one year of conclusion, areas of need were identified resulting in changes to the NCA process.

Changes to the NCA policy and process, effective May 2021, include:

- Requirement for a medical provider collateral contact, preferably the assigned Pediatrician and Obstetrician/Gynecologist, to be contacted prior to concluding the NCA;
- NCA to remain open for at least twenty days from the time the NCA was screened in by CANHU;
- Additional policy guidance around Plans of Safe Care and when/how to do them;
- Requirement for a discussion about DSS Home Visiting services, hopefully resulting in families accepting a referral for home visiting services;
- Requirement for a closing supervisory consult to occur prior to NCA conclusion, in addition to the seventy-two (72) hour supervisory consult.

It is the hope that by implementing the above changes, NCAs will be worked with more thoughtful and holistic approaches to reduce recidivism rates of child abuse/neglect and ultimately reduce critical incidences among the infant population.

Additional strategies to respond to this recommendation are described earlier in this report, to include Home Visiting and changes to the Missouri Practice Model.

**(C) Recommendation:** Increase and improve interagency collaboration in cases with suspected child maltreatment.

**(C) State Response:** The Children's Division, along with Probation and Parole, Missouri Office of Prosecution Services (MOPS) and Adult Protective Services, have engaged in a collaborative effort to enhance knowledge of the duties and services each agency provides to the community. On June 2, 2021, the webinar, 'Signs and Symptoms of Vulnerable Adult Abuse and What Happens after a Hotline Call" was presented by Adult Protective Services Training Coordinator Robin Pendleton and dug into the signs and symptoms that the community should know, including some of the indicators of vulnerable adult abuse and a review of what happens after a hotline call is made. On June 16, 2021, Children's Mercy's Dr. Terra Frazier gave an in-depth presentation into the signs and symptoms of child abuse and neglect, and Children's Division's Cari Pointer discussed the involvement of the Children's Division and what happens after a hotline call is made. The collaborative group presented "Preventing Tragedies. An Examination of Case Studies" at the Show Me a Helping Hand Conference at Lincoln University in Jefferson City, Missouri on November 4, 2021. Case studies were presented to the audience and each discipline discussed their role in the scenarios.

## **Child Abuse/Neglect Review Board (CANRB)**

### **Child Abuse and Neglect Review Board (CANRB) Recommendations to Improve**

#### **Children's Division's Investigative Policy and Practices**

#### **2022 CANRB Report**

##### **Recommendations as compiled by Boards A-F regarding case files**

- Submit Child Advocacy Center (CAC) reports, police reports, and hospital records that are relevant to the case. Children's Division (CD) has improved this process but still very much lacking.
- Improve efficiency of record requests to reduce the number of continuances. It is a waste of board members' time, burdens CD, and it is unfair to the victims.
- Notice an increase in continuances especially with alleged perpetrator's (AP's) receiving records.
- The timing of notification to board members of continuances is not ideal. We feel that the amount of preparation involved is not necessary if it is continued. We need more time to be notified.
- We continue to have concerns about good/clear photos, if they have them, in our board information for cases.
- Write-ups on the reports seem (often) very poorly written (punctuation, grammar, spelling).
- It is not unusual for attorneys representing alleged perpetrators to claim that requests of copies of investigation reports were not received at all, or not in a timely manner. This has resulted in decisions to continue hearings to assure due process. The Board would like to see a mechanism for documentation of correspondence, either of instructions for obtaining copies of records, or validation of the date that records were sent. Agency needs to ensure that the alleged perpetrator has received appropriate notification of the hearing and include supporting documents in the packet provided to the Board. This will allow us to react in the event a party claims that they were not provided with timely notification of the hearing.

##### **Children's Division Response:**

Staff should include all relevant investigative reports and evidence in the possession of the Division. In some instances, the CAC only gives a brief summary of the forensic interview and does not provide Children's Division with a full report. Staff may take photographs of children when a parent or legal guardian of the child provides consent to the taking of the photograph. Staff should take the photograph(s) in the presence of the parent or legal guardian. If a parent or legal guardian refuses or is unable to provide consent, only law enforcement or medical personnel may take photographs. Staff may also take scene photographs, such as household conditions, when a law enforcement officer is not present during the interview. Staff must also obtain consent of the parent or legal guardian of the child to take scene photographs. The Division is exploring how to update current procedures of documenting and uploading colored

photos to provide the best quality documentation for board members. The legislature approved funding for Children's Division to replace the current FACES system. A new system will offer an improved and simplified way to upload documents and photographs into the report.

Frontline child welfare training is currently being revised to better equip staff with the investigative skills they need to complete thorough and professional reports. Funding opportunities are being explored to develop more advanced specialized investigative skills training.

An internal mechanism has been created to reduce continuances, the administrative review team has implemented a plan to reach out to alleged perpetrators to ensure notices are sent more timely. Confirmation of participation is now conducted two weeks prior to the scheduled review hearing.

#### **Recommendations as compiled by Boards A-F regarding CD Presentation at CANRB**

- Attend in Person
- Do not read from script
- More presentation style
- Using colloquialisms for body parts unless quoting
- When a video is provided please identify child with description and narrow down clip to pertinent information.
- Notice an increase on solo representation of CD workers without their supervisors
- In person hearings are important-This impacts the outcome of cases shown in the data.
- It is helpful when the Children's Division staff presenting the investigation summary are able to answer questions from the Board on the current status of the child/children.

#### **Children's Division Response:**

Staff will continue to participate in-person whenever possible. The Children's Division is evaluating how in-person vs. virtual attendance will be moving forward given staffing issues. Supervisors are encouraged to participate in the review hearings alongside the investigator, with the exception of seasoned Children's Division staff.

Investigators who transition to a different position within the Children's Division are encouraged to present at CANRB. If a prior investigator is employed by another agency, they cannot participate on behalf of the Children's Division due to confidentiality.

A majority of board members have expressed interest in resuming in-person meetings. Two Jefferson City boards are back to in-person meetings. The CANRB Liaison will work with remaining boards to determine when to resume in-person meetings. When Children's Division staff present virtually, the use of cameras is a requirement.

A CANRB presentation template has been developed and made available to Children's Division staff to promote consistency among presentations and to prevent reading from the investigative record.

### **Recommendations as compiled by Boards A-F regarding Investigation**

- Thorough and complete investigation
- Concern regarding allegations alone=Preponderance Of Evidence (POE)
- Documentation regarding failure to interview alleged perpetrator (AP) and attempts
- CD needs to conduct an independent Investigation "co-investigation".
- Children's Service Worker (CSW) should understand their authority to interview AP's over Law Enforcement (LE) investigation-for example, they recognize their authority to interview alleged perpetrators.
- Interview AP whenever possible; if not possible document why he/she was not interviewed.
- Make every effort to interview ALL household members and those present at the time of the abuse incident.
- Invite CAC interviewer to be a witness since reports are no longer available.
- CAC can be a witness, please contact CAC to present during board. For example, show CAC interview, present CAC etc. Please make sure supervisors are aware of this option.
- Interview collateral contacts-Must interview others in the home and those knowledgeable in the case to give a complete picture.
- Allegations of emotional abuse are difficult to substantiate in investigations, and we recommend that some guidance be explored to assist investigators. Society and institutions such as schools are interested in improving trauma-informed services, but future efforts to address the problem begin with the investigation. We see a need for policy and direction for investigators such as a definition of emotional abuse, characteristics, what signs to look for, and supportive evidence needed for a preponderance of evidence finding.
- CANRB-F has noted that the quality of recent investigations has improved over older cases that were reviewed to reduce the backlog of incomplete reviews from previous years. Two suggestions were offered to improve practice:
  1. Investigators should make every effort to obtain information from all collateral contacts, and to present corroborating evidence for allegations in addition to statements by victims.
  2. Photos used as evidence should be uploaded to the files with investigation reports. Often the quality of photos is such that they are not helpful, e.g. dark or blurry images. This is frequently the case with photos that are obtained as photocopies of medical or law enforcement records.

### **Children's Division Response:**

In 2020, Children's Division updated frontline child welfare training for new workers. The training curriculum is currently being further revised. Emphasis on good investigative techniques like

collecting evidence, interviewing witnesses and collaterals, and well documented case reports have been stressed to training Legal Aspects to workers and supervisors.

The Children's Division recognizes the need to further train staff in interviewing the appropriate collaterals and witnesses in an investigation to assist in gathering all information and evidence that would be relevant to the outcome of the investigation. This is also the responsibility of the supervisor to discuss any appropriate collateral and witness contacts in case consultation. Policy around interviewing household members is currently being revised to align with the Children's Division's new Structured Decision Making ® Safety Assessment's definition of "household" which is not limited to those that live in the physical structure of the home. This should result in more relevant collateral contacts as well.

The Children's Division will continue to emphasize that workers can ask witnesses and collaterals, such as the CACs, to attend the CANRB hearing to provide relevant information regarding the finding of the report. It is the Children's Division's decision as to who to invite as a witness. Any witness must be able to provide relevant information that is not already available for the board to review.

The most recent implementation of the Central Consult Unit (CCU) should assist with improving practice across the board. CCU provides a centralized approach to case consultation on children who are found to be safe. While Preponderance of the Evidence reports are not consulted on through CCU, having a designated team that provides consultation and direction on the majority of the child abuse/neglect reports should have a significant impact on consistent practice and policy adherence throughout the state.

#### **Recommendations as compiled by Boards A-F regarding Board Composition**

- Get more board members
- Consider parking pass /access to board members
- A tie should not reverse CD's findings not uphold
- Closed loop communication. Where do concerns/recommendations go?
- Increase board member representation
- Board member training hours-if we could have more notice or offerings throughout the year for options
- Reappointments-Some reappointment process of notifications

#### **Children's Division Response:**

The DSS Director has confirmed that the Children's Division should be expecting new appointments after the current legislative session is over. A meeting has already been scheduled with the Governor's office to begin discussions.

The Children's Division unsuccessfully attempted to obtain parking passes for board members in the past. However, this can be explored again.

The information obtained from board members regarding recommendations are included in the annual CAPTA reports to the federal government. Recommendations applicable to field practice have been shared in a variety of ways, including internal newsletters and workgroups.

Training opportunities will be sent to board members as they are made available to the CANRB Liaison.

Pursuant to 13 CSR 35-31.025(7)(H), “The board’s decision shall be based on a majority vote. In cases where the vote is tied, the board shall affirm the division’s finding.”

#### **Recommendations as compiled by Boards A-F regarding Tiered Registry**

- Implementing a tiered system for how long an AP stays on the registry
- Reconsider registry and length of time on list, possibly tiered
- Create tiered registry system so depending on offense not all perpetrators are on the registry for life

#### **Children’s Division Response:**

The Children’s Division supports these recommendations and hopes to propose legislation next year regarding changes to the Central Registry—most notably to provide a mechanism for a perpetrator to come off the Registry at some point depending on their finding.

#### **Recommendations as compiled by Boards A-F regarding Public Education**

- Simplified explanation regarding process given to AP.
- Better educate attorneys and AP about unique CANRB process.
- CD could increase education and encouragement of child representative participation. Possible personal invitation by CD worker.
- Clarify process and educate board regarding juvenile offenses.
- Make sure attorneys/AP are made aware that they will be moved up if possible. Switched to morning if it was scheduled in the afternoon.

#### **Children’s Division Response:**

When a Preponderance of the Evidence is found, the alleged perpetrator is made aware of the finding by certified letter. Information regarding the appeals process is included in the Investigation Disposition Notification Letter (CS-21). Correspondences issued to alleged perpetrators have been revised to provide more simplified information.

If an alleged perpetrator has questions, he/she can contact the local Children’s Division office or the CANRB Liaison directly. If an alleged perpetrator chooses to hire an attorney, it is the responsibility of the attorney to understand policy and procedure regarding representing their client during CANRB process. There are facilitators at each Board to explain the hearing process prior to each hearing. A future endeavor includes looking at developing a webpage to support the CANRB process.

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